► See separate instructions.

Part Reporting Issuer

P	Reporting i	ssuer						
1 Issuer's name						2 Issuer's employer identification number (EIN)		
	Select 70i30e M	anaged Portfol	lio Corpo	rate Class (OT8)		N/A		
3	Name of contact for add	litional information	4 Telephon	e No. of contact	5 Email	address of contact		
	Duarte Boucinh	a	416-681	-681-1752		dboucinha@ci.com		
6 Number and street (or P.O. box if mail is not delivered t 2 Queen Street East, 20th Floor			delivered to s	street address) of contact	7 City, to	wn, or post office, state, and Zip code of contact		
			or	r		Toronto, Ontario, M5C 3G7		
8	Date of action		9 Class	9 Classification and description				
	Tax Year 2015			Non-taxable distril				
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Acco	unt number(s)		
	N/A	N/A		N/A		N/A		
Pa			h additiona		ee back of form	for additional questions.		
14						shareholders' ownership is measured for		
	the action ►				-	s throughout the 2015		
		taxation ye	ear. See qu	uestion 15 for per u	nit informati	on of the return of capital		
		that occur	red throug	<u>ghout the 2015 taxal</u>	ole year.			
15	Describe the quantitat	ive effect of the ora	nizational act	ion on the basis of the secu	rity in the hands o	of a U.S. taxpayer as an adjustment per		
	share or as a percenta	-				······································		
			•					
16	Describe the calculation	on of the change in t	asis and the	data that supports the calcu	lation, such as the	e market values of securities and the		
	valuation dates >	N/A						

Form	8937	(Rev. 12-2011)

Pa	t II	Organizational Action (continued)			
17	List the	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax tre	eatment is based Ⅰ	• I <u>RC section 301(c)(2),</u> 312 and 316
18	Can an	\prime resulting loss be recognized? \blacktriangleright _ N/ A	A		
19	Provide	any other information necessary to implem	nent the adjustment, such as the reportable	e tax year ►	N/A
		· · · ·			
	Linde	r penalties of perjury, I declare that I have exami	ined this return including accompanying schedu	ules and statements	and to the best of my knowledge, and
	belie	, it is true, correct, and complete. Declaration of	preparer (other than officer) is based on all inform	nation of which prepa	arer has any knowledge.
Sigr		ΛΛΛ			
Her	e _{Signa}	ature ►		Date▶ 11/26	/2015
		David Pauli		Title▶ COO	
<u> </u>		your name ► David Pauli Print/Type preparer's name	Preparer's signature	Title► COO Date	Ohanta III if PTIN
Paie	d parer		-		Check if self-employed
	e Only	Firm's name			Firm's EIN ►
-		1			1

Send Form 8937 (including accompanyi	ng statements) to: Department of the Treas	sury, Internal Revenue Service, Ogden, UT 84201-0054

Phone no.

Firm's address ►