## Form **8937**(December 2011) Department of the Treasury

Internal Revenue Service

## Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-2224

Part I Reporting Issuer 2 Issuer's employer identification number (EIN) 1 Issuer's name Select Income Managed Corporate Class (AT5) N/A3 Name of contact for additional information 4 Telephone No. of contact 5 Email address of contact Duarte Boucinha 416-681-1752 dboucinha@ci.com 6 Number and street (or P.O. box if mail is not delivered to street address) of contact 7 City, town, or post office, state, and Zip code of contact 2 Queen Street East, 20th Floor Toronto, Ontario, M5C 3G7 8 Date of action 9 Classification and description Tax Year 2014 Non-taxable distribution 10 CUSIP number 11 Serial number(s) 12 Ticker symbol 13 Account number(s) N/A N/AN/AN/AOrganizational Action Attach additional statements if needed. See back of form for additional questions. Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for A non-taxable distribution was made to shareholders throughout the 2014 taxation year. See question 15 for per unit information of the return of capital that occurred throughout the 2014 taxable year. Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis  $\triangleright$  0.20813 per unit Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ►

Pai	t II	Organizational Action (continued)				,
17			(s) and subsection(s) upon which the tax tre	atment	is based ▶	IRC section 301(c)(2), 312 and 316
18	Can a	ny resulting loss be recognized? ▶N/_	A			
19	Provid	e any other information necessary to impler	nent the adjustment, such as the reportable	e tax yea	ar ▶	N/A
	Und beli	er penalties of perjury, I declare that I have examer, it is true, correct, and complete. Declaration of	nined this return, including accompanying schedu preparer (other than officer) is based on all inform	les and a	statements, which prepa	and to the best of my knowledge and are has any knowledge.
Sign Here	ام	natura N		Date ►	03-24	2015
-	Joigi	t your name ▶ David Pauli			COO	
Paid	b	Print/Type preparer's name	Preparer's signature	Title ► Date		Check if self-employed
	parei					Firm's EIN ►
Use Only		Firm's name Firm's address Firm's address				Phone no.

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054