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

Р	art I Reporting	Issuer							
1	Issuer's name				2 Issuer's employer identification number (EIN)				
	Select 100e Mai	naged Portfolio	N/A						
3	Name of contact for additional information 4 Telep			e No. of contact	5 Email address of contact				
	Duarte Boucinh	ıa	416-681-1752		dboucinha@ci.com				
6	Number and street (or F	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 di	stribution				
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)				
	N/A	N/A		N/A	N/A				
P	art II Organizatio	onal Action Attac	ch additiona	statements if needed. S	ee back of form for additional questions.				
14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for									
	the action ►				shareholders throughout the 2014				
					nit information of the return of capital				
				shout the 2014 taxal					
					•				
15				rity in the hands of a U.S. taxpayer as an adjustment per					
share or as a percentage of old basis ► 0.07055 per unit									
_									
16	Describe the calculativaluation dates ►	on of the change in ${ m N/A}$	pasis and the	data that supports the calcu	ulation, such as the market values of securities and the				
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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