► See separate instructions.

P	art Reporting	ssuer										
1	Issuer's name				2	2 Issuer's employer identification number (EIN)						
	Select 40i60e M	anaged Portfol		N/A								
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	1	5 Email address of contact						
	Duarte Boucinh	a	416-681	1-1752		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 Floc)r			Toronto, Ontario, M5C 3G7						
8	Date of action		9 Classification and description									
	Tax Year 2014		Non-taxable dist			ion						
10	CUSIP number	11 Serial number(s	erial number(s) 12 Ticker symbol 13 Account numb			3 Account number(s)						
	N/A	N/A		N/A		N/A						
Ρ	art II Organizatio	onal Action Attac	h additiona	statements if needed. Se	See back	of form for additional questions.						
14	Describe the organiza				-	st which shareholders' ownership is measured for						
	the action ►					holders throughout the 2014						
	taxation year. See question 15 for per unit information of the return of capital											
		that occurs	ed throug	ghout the 2014 taxal	<u>ble yea</u>	<u>f.</u>						
15	Describe the quantitat share or as a percenta				urity in the	hands of a U.S. taxpayer as an adjustment per						
16	Describe the calculation valuation dates ►	on of the change in b ${ m N}/{ m A}$	asis and the	data that supports the calcu	ulation, su	ch as the market values of securities and the						
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Form 8937	(Rev.	12-2011)
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Pa	t II	Organiz	ational Ac	tion (continu	ued)										
17	List the			enue Code se		and subsect	tion(s) upor	which the	e tax trea	atment	t is based	I► II 3	<u>RC</u> sect 12 and	<u>ion 30</u> 316	1(c)(2),
18	Can ar	ny resulting	loss be reco	gnized?►	N/A										
19	Provid	le any other	information r	necessary to in	npleme	ent the adjust	ment, such	as the rep	ortable	tax ye	ar 🕨	Ν	/A		
		-			-	-				-					
				clare that I have nplete. Declarati											owledge and
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Her						/				ata 🕨	03-2	24-20	015		
	Sigr	nature ►							D	ate 🕨					
	Prin	nt vour name	your name► David Pauli						Т	Title► COO					
Pai		Print/Type	preparer's na	me	P	Preparer's signa	ature			Date		Che	eck 🗌 if	PTIN	
	a parer	·											f-employed		
	e Only		ne 🕨									Firr	n's EIN ►		
	j											Dha			