► See separate instructions.

1	Issuer's name	155461				2 Issuer's employer identification number (EIN)	
	Portfolio Series	Income Fund	(\mathbf{O})			N/A		
Portfolio Series Income Fund (O 3 Name of contact for additional information 4				e No. of contact		5 Email address of contact		
			416-681			dboucinha@ci.com		
6	Number and street (or F	delivered to s	street address) of conta	act	7 City, town, or post office, state, and ZIP code of contact			
	2 Queen Street	East 20th Floo	١ŕ			Toronto, Ontario, M5C 3G7		
8	Date of action			Classification and description				
	Tax Year 2017		Non-taxable distril			bution		
10	CUSIP number	11 Serial number(s)	12 Ticker symbol		13 Account number(s)		
	N/A	N/A		N/A		N/A		
P			h additional	-	ed. See bac	k of form for additional questions.		
14						ist which shareholders' ownership is measured	or	
••	the action ►				-	cholders throughout the 2017	0.	
						ormation of the return of capital		
				<u>ghout the 2017 t</u>				
15					security in th	e hands of a U.S. taxpayer as an adjustment pe	r	
	share or as a percent	age of old basis ► _	<u>).06339 p</u>	er unit				
16	Describe the calculati	on of the change in h	acic and the	data that supports the	calculation o	uch as the market values of securities and the		
10	valuation dates ►	N/A		uala lital supports the	calculation, s	uch as the market values of securities and the		
		IN / II						
_								
For	Paperwork Reduction	Act Notice, see the	separate Ins	tructions.	Cat	. No. 37752P Form 8937 (12	-2017)	

Part		Organiza	ational Action (cont	tinued)			
17 L	List the	applicable	Internal Revenue Code	section(s) and subsection(s) up	oon which the tax treatr	nent is based	IRC section 301(c)(2), 312 and 316
40 /	Con on	roculting	loss be recognized?	N/A			
18 (Carrany	resulting					
19 F	Provide	any other	information necessary to	o implement the adjustment, su	ich as the reportable ta	x year ►	N/A
	Unde belief	r penalties of, it is true, c	of perjury, I declare that I ha orrect, and complete. Decla	ave examined this return, including ration of preparer (other than office	accompanying schedules r) is based on all information	and statemer	nts, and to the best of my knowledge and eparer has any knowledge.
Sign		, 0	ΛηΛ				. , , , , , , , , , , , , , , , , , , ,
Here	Signa	ature ►	////		Dat	e► Jan 1	9, 2018
			David Pauli			► EVP	
Paid			preparer's name	Preparer's signature	Titli Da	, , ,	Check if PTIN
Palu							self-employed

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Preparer		self-employed				
Use Only	Firm's name	Firm's EIN ►				
	Firm's address ►	Phone no.				
Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054						