► See separate instructions.

P	art Reporting	Issuer						
1	Issuer's name		2 Issuer's employe	2 Issuer's employer identification number (EIN)				
	CI Select Income	Managed Corpor	N/A	N/A				
3	Name of contact for ad	ditional information	4 Telephor	ne No. of contact	5 Email address of c	5 Email address of contact		
Duarte Boucinha			416	-681-1752	dboucinha@c	dboucinha@ci.com		
6 Number and street (or P.O. box if mail is not deliver			delivered to	street address) of contact	7 City, town, or post of	fice, state, and ZIP code of contact		
	15 York Street, 2nd floor				Toronto, C	Toronto, Ontario, M5J 0A3		
8	Date of action		9 Class	sification and description				
	Tax Year 2023			Non-taxable distribution				
10	CUSIP number 11 Serial number(s)		s)	12 Ticker symbol		13 Account number(s)		
	NT / A							
D,	N/A art II Organizatio	N/A		N/A	ee back of form for additio	nal questions		
14	-				te against which shareholders	· · · · · · · · · · · · · · · · · · ·		
14	the action ►				holders throughout the 2	-		
					e return of capital that o			
		the 2023 tax	1		e letuin of capital that o			
			able year.					
15	Describe the quantita	tive effect of the orga	nizational ac	tion on the basis of the secu	rity in the hands of a U.S. taxr	aver as an adjustment per		
15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxy share or as a percentage of old basis ► 0.06106 per unit						ayer as an adjustment per		
			<u></u>					
40	Describe the coloriati							
16	valuation dates	-	asis and the	data that supports the calcu	lation, such as the market val	les of securities and the		
		N/A						
For	Paperwork Reduction	Act Notice, see the	separate Ins	structions.	Cat. No. 37752P	Form 8937 (12-2017)		

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Pa	rt II	Organizational Action (continued)							
17		applicable Internal Revenue Code section(s) and subsection(s) upon which the tax to	reatment is based ▶	IRC section 301(c)(2),					
				312 and 316					
18	Can an	resulting loss be recognized? \blacktriangleright N/A							
	.			NI/A					
19	Provide	any other information necessary to implement the adjustment, such as the reportab	le tax year ►	N/A					
	Und	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and							
		belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.							
Sigr Her	<u> </u>		March 31, 2023						
пег	Sign		Date March 31,	Date March 31, 2023					
	Drint	your name ► Darie Urbanky	Title President	and Chief Operating Officer					
Pai		Print/Type preparer's name Preparer's signature	Date	Check if PTIN					
	a parer			self-employed					
	e 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