► See separate instructions.

Part Reporting	ssuer					
1 Issuer's name		2 Issuer's employer identification number (EIN)				
CI Select Income	Managed Corpora	N/A				
3 Name of contact for additional information 4 Telephone No. of contact				5 Email address of contact		
Duarte Boucinha 416-681-1752			681-1752	dboucinha@ci.com		
6 Number and street (or P	.O. box if mail is not d	7 City, town, or post office, state, and ZIP code of contact				
15 York Street, 2n	ıd floor	Toronto, Ontario, M5J 0A3				
8 Date of action 9 C			ication and description			
Tax Year 2023		stribution				
10 CUSIP number	11 Serial number(s)		12 Ticker symbol	13 Account number(s)		
N/A	N/A		N/A	N/A		
		additional	-	e back of form for additional questions.		
the action ►	A non-taxabl	e distribution 15 for per u	on was made to shareho	e against which shareholders' ownership is measured for olders throughout the 2023 taxation year. return of capital that occurred throughout		
15 Describe the quantitat share or as a percenta				y in the hands of a U.S. taxpayer as an adjustment per		
16 Describe the calculation valuation dates ►	on of the change in ba $\mathrm{N/A}$	sis and the da	ata that supports the calcula	tion, such as the market values of securities and the		

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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	r penalties of perjury, I declare that I have examined this return, including accompanying sche	dules and statements	, and to the best of my knowledge and
		it is true, correct, and complete. Declaration of preparer (other than officer) is based on all infor	mation of which prepa	arer has any knowledge.
Sigr Her	<u> </u>		Date March 31, 2023	
пег	Sign			
	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