► See separate instructions.

	Issuer's name	ssuer			2 Issuer's employe	r identification number (FIN)
•				2 Issuer's employer identification number (EIN)		
	CI Select 60i40e N		N/A			
3	Name of contact for add	ditional information	4 Telephone	No. of contact	5 Email address of c	ontact
	Duarte Boucinha		416-0	681-1752	dboucinha@ci	.com
6 Number and street (or P.O. box if mail is not delive			delivered to st	reet address) of contact	7 City, town, or post of	fice, state, and ZIP code of contact
	15 York Street, 2nd floor				Toronto, C	Ontario, M5J 0A3
8	Date of action		9 Classit	fication and description		
	Tax Year 2023			Non-taxable distribution		
10	CUSIP number	11 Serial number(s))	12 Ticker symbol	13 Account number(s	 \$)
	NT / A					
Pa	N/A art II Organizatio	N/A	additional	N/A statements if needed	N/A See back of form for additio	nal questions
14 14	-				ate against which shareholders	-
	the action ►				cholders throughout the 2	
					ne return of capital that o	,
		the 2023 taxa			ie recurit of cupital that o	
15	Describe the quantitat	tive effect of the organ	izational actio	on 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. taxpayer as an adjust share or as a percentage of old basis ► 0.12194 per unit						
	· · · · · · · · · · · · · · ·	<u> </u>	.12171 per	unit		
16	Describe the coloulativ	an af tha abanga in ha	aia and tha d	ata that ay maarta tha aala	lation auch as the mericat val	use of accurities and the
16	valuation dates >	N/A		ata that supports the calc	ulation, such as the market val	les of securities and the
		11/11				
For	Paperwork Reduction	Act Notice, see the s	eparate Inst	ructions.	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	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					
		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 21, 2022						
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