► See separate instructions.

	Issuer's name	ssuer			2 Issuer's	employer identification number (EIN)		
	CI Select 80i20e Managed Portfolio Corporate Class (E)					N/A		
3	3 Name of contact for additional information 4			Telephone No. of contact		5 Email address of contact		
Duarte Boucinha			416	416-681-1752		dboucinha@ci.com		
6 Number and street (or P.O. box if mail is not delivered to				street address) of contact	7 City, town,	7 City, town, or post office, state, and ZIP code of contact		
15 York Street, 2nd floor						Toronto, Ontario, M5J 0A3		
8	Date of action		9 Class	9 Classification and description				
	Tax Year 2023			Non-taxable distrib		ution		
10	CUSIP number	11 Serial number(s	6)	12 Ticker symbol	bol 13 Account number(s)			
	N/A	N/A		N/A		N/A		
Pa				I statements if needed.				
14	Describe the organiza	tional action and, if a	pplicable, the	e date of the action or the c	late against which sha	reholders' ownership is measured for		
	the action ►	A non-taxab	le distribu	tion was made to share	eholders througho	ut the 2023 taxation year.		
		See question	15 for pe	r unit information of t	he return of capita	l that occurred throughout		
		the 2023 tax	<u>able year.</u>					
15	Describe the quantitat	U.S. taxpayer as an adjustment per						
share or as a percentage of old basis 0.01890 per unit								
16			asis and the	data that supports the calc	ulation, such as the m	arket values of securities and the		
	valuation dates	N/A						
For	Paperwork Reduction	Act Notice see the	sonarato Inc	structions	Cat. No. 37752P	Form 8937 (12-2017		
. 01	- appriment incuded Off				Jal. NO. 3// 32P			

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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>		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