► See separate instructions.

Part Reporting	Issuer					
1 Issuer's name		2 Issuer's employer identification number (EIN)				
CI Select 100e Ma	anaged Portfolio (N/A				
3 Name of contact for ad	ditional information	5 Email address of contact				
Duarte Boucinha 416-681-1752			-681-1752	dboucinha@ci.com		
6 Number and street (or I	P.O. box if mail is not	7 City, town, or post office, state, and ZIP code of contact				
15 York Street, 21	nd floor	Toronto, Ontario, M5J 0A3				
8 Date of action 9 Classification and descript			sification and description			
Tax Year 2023 Non-taxable dist				tribution		
10 CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)		
N/A	N/A		N/A	N/A		
-				back of form for additional questions.		
the action ►		15 for pe		lders throughout the 2023 taxation year. return of capital that occurred throughout		
	tive effect of the organ age of old basis ► (in the hands of a U.S. taxpayer as an adjustment per		
16 Describe the calculati valuation dates ▶	ion of the change in bi	asis and the	data that supports the calculat	on, such as the market values of securities and the		

Form	8937 (12-	2017)		Page 2	
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>		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