► See separate instructions.

P	ari Reporting	Issuer							
1	Issuer's name					2 Issuer's employer identified	cation number (EIN)		
	Select Income M	Managed Corpo		N/A					
3	Name of contact for add	ditional information	4 Telephor	e No. of contact		5 Email address of contact			
	Duarte Boucinh	a	416-68	1-1752		dboucinha@ci.com			
6	Number and street (or F	P.O. box if mail is not	delivered to :	street address) of contac	t T	7 City, town, or post office, state, and Zip code of			
	2 Queen Street	East, 20th Floo	or			Toronto, Ontario, M5C 3G7			
8	Date of action		9 Class	sification and description	1				
	Tax Year 2016			Non-taxable	distribut	oution			
10	CUSIP number	11 Serial number(s)	12 Ticker symbol		3 Account number(s)			
	N/A	N/A		N/A		N/A			
Pa			ch additiona		l. See back	of form for additional ques	tions		
14						t which shareholders' ownersh			
••	the action ►		••		-	nolders throughout the	•		
						ormation of the return			
				ghout the 2016 tax			I		
				5	,				
15	Describe the quantitat share or as a percentar				ecurity in the	hands of a U.S. taxpayer as a	n adjustment per		
			-						
16	Describe the calculation	on of the change in h	asis and the	data that supports the ca	alculation su	ch as the market values of sec	urities and the		
	valuation dates >	N/A							
For	Paperwork Reduction	Act Notice, see the	separate Ins	structions.	Cat.	No. 37752P	Form 8937 (12-2011)		

Form 8937	(Rev.	12-2011)
-----------	-------	----------

Pa	t II	Organiza	ational Ac	tion (con	tinued)								
17						and subs	section(s)	upon wh	ch the tax	treatment	is based I	IRC sect 312 and	tion 301(c)(2), 316
			·										
18	Can an	ny resulting l	oss be recog	gnized? ►	N/A	L							
19	Provide	e anv other i	information n	acassany ti	o implem	ont the adi	ustment	such as t	he report:	ahla tay va	ar 🕨	N/A	
15	TIOVIU	e any other i	mormation n	iecessary to		ent the auj	ustinent,	Such as		able lax ye	ai 🕨	11/11	
												and to the bes arer has any kno	t of my knowledge and
0:		ei, it is true, co			aration of p	reparer (otri	er than on	cer) is bas	eu on an in	Iornation of	which prepa	arer has any kno	Jwiedge.
Sigr Her				/		_					16/2	/2017	
	Signature ►			Da		_ Date ►	10/2	/ 201/					
	Print your name David Pauli				Tista			Title ►	► EVP				
		Print/Type	preparer's nan	ne		Preparer's s	ignature			Date			PTIN
Paie	a parer											Check if self-employed	
	e Only		ie 🕨		I					· · · · · · · · · · · · · · · · · · ·		Firm's EIN ►	
030 011													

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054

Firm's address ►