Form **8937**(December 2011) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-2224

Р	art I Reporting I	lssuer							
1	Issuer's name		2 Issuer's employer identification number (EIN)						
	Select 30i70e M	anaged Portfo	N/A						
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5 Email address of contact				
	Duarte Boucinha 4			-1752	dboucinha@ci.com				
6	Number and street (or F	P.O. box if mail is not	delivered to s	street address) of contact	7 City, town, or post office, state, and Zip code of contact				
	2 Queen Street East, 20th Floor				Toronto, Ontario, M5C 3G7				
8	Date of action		9 Classification and description						
	Tax Year 2016			Non-taxable d	istribution				
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)				
	N/A	N/A		N/A	N/A				
P	art II Organizatio	onal Action Attac	h additional	statements if needed. S	See back of form for additional questions.				
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14	Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ► A non-taxable distribution was made to shareholders throughout the 2016								
	taxation year. See question 15 for per unit information of the return of capital								
		that occur	red throug	shout the 2016 taxa	ble year.				
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Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustm share or as a percentage of old basis ▶ 0.30750 per unit									
16	Describe the calculation valuation dates ▶	on of the change in ${ m N/A}$	easis and the o	data that supports the calcu	ulation, such as the market values of securities and the				
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Par	t II	Organizational Action (continued)			, ,		
17	List th	ne applicable Internal Revenue Code section	n(s) and subsection(s) upon which the tax tre	atment is based ▶	IRC section 301(c)(2), 312 and 316		
18	Can a	nny resulting loss be recognized? $ ightharpoonup$	A				
19	Provid	de any other information necessary to imple	ment the adjustment, such as the reportable	e tax year ►	N/A		
	Lin	der populties of perium. I declare that I have ever	mined this return, including accompanying schedu	ulos and statements	and to the best of my knowledge, and		
			f preparer (other than officer) is based on all inform				
Sign		Ω					
Here	Sig	gnature ▶	/ I	Date ►16/2	/2017		
		7//		EVE			
		nt your name David Pauli	Preparer's signature	Title ► EVP Date	DTIN		
Paid		Print/Type preparer's name	i repaiei e signature	Date	Check if self-employed PTIN		
	oare				Firm's EIN ►		
Use	Only	y Firm's name ► Firm's address ►			Phone no.		
Send	Form	m 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054					