► See separate instructions.

P	art Reporting	lssuer							
1	Issuer's name		2 Issuer's employer identification number (EIN)						
	Select 30i70e M	anaged Portfo	lio Corpo	rate Class (I)	N/A				
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5 Email address of contact				
	Duarte Boucinh	a	416-681	-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 Floo	or		Toronto, Ontario, M5C 3G7				
8	Date of action		9 Class	ification and description					
	Tax Year 2016			Non-taxable di	stribution				
10	CUSIP number	11 Serial number(	s)	12 Ticker symbol	13 Account number(s)				
	N/A	N/A N/A		N/A	N/A				
P	art II Organizatio			statements if needed S	ee back of form for additional questions				
	-				· · · · · · · · · · · · · · · · · · ·				
14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership the action <b>b</b>									
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 capita									
				shout the 2016 taxal					
				gnout the 2010 taxai	Die year.				
15					rity in the hands of a U.S. taxpayer as an adjustment per				
	share or as a percenta	age of old basis $\blacktriangleright$	1.47451 p	er unit					
16	Describe the calculation valuation dates ►	on of the change in $k N/A$	asis and the o	data that supports the calcu	llation, such as the market values of securities and the				
		11/11							

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			/		_ Date ►	10/2	/ 201/					
	Drimi		ne► David Pauli					Title ►	EVP				
		Print/Type	preparer's nan	ne		Preparer's s	ignature			Date		Chock	PTIN
Paie	a parer											Check if self-employed	
	e Only		ie 🕨		I					· · · · · · · · · · · · · · · · · · ·		Firm's EIN ►	
	<b>y</b>												

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

Firm's address ►