► See separate instructions.

Penorting Issuer

	Select 30i70e M Name of contact for add		io Corpo								
			Select 30i70e Managed Portfolio Corporate Class (OT5)								
		altional information	-	e No. of contact	N/A 5 Email address of contact						
	Duarte Boucinh	a	416-681	-1752	dboucinha@ci.com						
0				street address) of contact	7 City, town, or post office, state, and Zip of	code of contact					
-											
	2 Queen Street	East, 20th Floo		: () _ k :	Toronto, Ontario, M5C 3C	r /					
8	Date of action		9 Class	ification and description							
	Tax Year 2016			Non-taxable di	stribution						
10	CUSIP number	11 Serial number(s	s) 12 Ticker symbol		13 Account number(s)						
	N/A	N/A		N/A	N/A						
Pa			h additional		ee back of form for additional questions.						
14	Describe the organiza				te against which shareholders' ownership is me						
	the action ►	A non-taxa	ble distri	bution was made to	shareholders throughout the 2010	<u>ó</u>					
		taxation ye	ar. See qu	lestion 15 for per ut	nit information of the return of ca	pital					
		that occurr	ed throug	<u>ghout the 2016 taxal</u>	ole year.	_					
15	Describe the quantitat	tive effect of the organ	nizational act	ion on the basis of the secu	rity in the hands of a U.S. taxpayer as an adjust	ment per					
	share or as a percenta	age of old basis \blacktriangleright ().28367 p	er unit							
			-								
16	Describe the calculation	on of the change in b	asis and the	data that supports the calcu	lation, such as the market values of securities a	nd the					
10	valuation dates >	N/A			ation, such as the market values of securities a						
		11/11									
_											

Form 8937	(Rev.	12-2011)
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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	
	Sign	nature ►								_ Date ►	10/2	/ 201/	
	Drimi		. David I	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 ►	
	y												

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

Firm's address ►