► See separate instructions.

	art Reporting	Issuer							
1	Issuer's name		:	2 Issuer's employer identification number (EIN)					
	Select 40i60e M	anaged Portfo		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 contact		7 City, town, or post office, state, and Zip code of c			
	2 Queen Street	East, 20th Floo)ť			Toronto, Ontario, M5C 3G7			
8	Date of action		9 Class	sification and description					
	Tax Year 2016			Non-taxable o	distribut	ution			
10	CUSIP number	11 Serial number(s)	12 Ticker symbol		3 Account number(s)			
	NT / A								
D,	N/A art II Organizatio	N/A	h additiona	N/A	Soo back	N/A of form for additional quest	ione		
						st which shareholders' ownersh			
14	the action ►					holders throughout the			
		•	-			ormation of the return	of capital		
		that occur	red throu	ghout the 2016 tax	able yea	<u>f.</u>			
15	Describe the quantitat	tive effect of the ora:	nizational ac	tion on the basis of the sec	curity in the	hands of a U.S. taxpayer as ar	adjustment per		
10	share or as a percenta						radjustment per		
			0.19677 p						
16	Describe the calculation	on of the change in b	asis and the	data that supports the cal	culation, su	ch as the market values of sec	urities and the		
	valuation dates >	N/A			oulution, ou				
		11/11							
E e i		Act Notice and the	oonerete lee	tructions	<u> </u>	N- 07750D	Form 8937 (12-2011		
гor	Paperwork Reduction	ACLINUTICE, SEE THE	separate ins	suucuons.	Cat.	No. 37752P	10m 0301 (12-2011)		

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	
	Signature			/		_ Date ►	10/2	/ 201/					
	Print your name 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 ►	
030 UII													

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

Firm's address ►