► See separate instructions.

P	art Reporting	ssuer								
1	Issuer's name			2 Issuer's employer identification number (EIN)						
	Select 80i20e M	anaged Portfol		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 P	.O. box if mail is not	delivered to	street address) of contact		7 City, town, or post office, state, and Zip code of contact				
	2 Queen Street	East, 20th Floo)r			Toronto, Ontario, M5C 3G7				
8	Date of action		9 Classification and description							
	Tax Year 2016		Non-taxable dist			tion				
10	CUSIP number	IP number 11 Serial number(s)		12 Ticker symbol		13 Account number(s)				
	N/A	/A N/A		N/A		N/A				
Pa			h additiona		k of form for additional questions.					
14						nst 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 through	<u>ghout the 2016 taxa</u>	ible ye	ar.				
15	Describe the quantitat	ive effect of the orga	nizational act	tion on the basis of the secu	urity in th	e hands of a U.S. taxpayer as an adjustment per				
15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustance or as a percentage of old basis ► 0.52214 per unit										
			_							
16	Describe the calculation	on of the change in b	asis and the	data that supports the calcu	ulation, s	uch as the market values of securities and the				
	valuation dates >	N/A								
_										

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 ►			11		/		_ Date ►	10/2	/ 201/			
	Drimi		_{ur 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 ►	
	y												

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

Firm's address ►