► See separate instructions.

P	and Reporting	ssuer							
1	Issuer's name				2	ssuer's employer identification number (EIN)			
	Select 80i20e M	anaged Portfol		N/A					
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5 E	5 Email address of contact			
	Duarte Boucinh	a	416-681	l-1752	db	dboucinha@ci.com			
6	Number and street (or P	P.O. box if mail is not	delivered to s	street address) of contact	7 C	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 dis	stribution	bution			
10	CUSIP number	11 Serial number(s	s)	12 Ticker symbol	13	Account number(s)			
	N/A	N/A		N/A		N/A			
P			h additiona		ee back of	form for additional questions.			
14						•			
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									
						nation of the return of capital			
		that occur	ed throug	<u>ghout the 2016 taxab</u>	ole year.	-			
				-					
15	Describe the quantitat	ive effect of the orga	nizational act	ion on the basis of the secur	rity in the ha	nds of a U.S. taxpayer as an adjustment per			
	share or as a percenta								
16	Describe the calculation valuation dates ►	on of the change in b ${ m N}/{ m A}$	asis and the	data that supports the calcul	lation, such	as the market values of securities and the			
		-							

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		Iornation of	which prepa	arer has any kno	Jwiedge.
Sigr Her				/		_					16/2	/2017	
	Signature ►						_ Date ►	10/2	/ 201/				
	Drimi		_{our 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 ►