► See separate instructions.

1	Issuer's name				:	2 Issuer's employer identified	cation number (EIN)		
	Portfolio Series	Income Fund	$(\mathbf{O})$			N/A			
3	Name of contact for ad		( )	e No. of contact		5 Email address of contact			
	Duarte Boucinh		416-681			dboucinha@ci.com			
6	Number and street (or F					7 City, town, or post office, state, and Zip code of			
	2 Queen Street					Toronto, Ontario, M5C 3G7			
8	Date of action			ification and descriptic					
Ū	Tax Year 2016		Non-taxable distrib			oution			
10	CUSIP number	11 Serial number(	s)	12 Ticker symbol		<b>3</b> Account number(s)			
	N/A	N/A		N/A		N/A			
P			h additional	-	ed. See back	of form for additional ques	tions		
14	Describe the organiza	ational action and, if a	pplicable, the	date of the action or the	he date agains	st which shareholders' ownersl	nip is measured for		
	the action ►					holders throughout th			
						ormation of the return	of capital		
		that occur	red throug	ghout the 2016 t	axable yea	<b>f</b> .			
15	Describe the quantita share or as a percent				security in the	hands of a U.S. taxpayer as a	n adjustment per		
			0.00200 p	er unit					
16	Describe the calculati	•	asis and the	data that supports the	calculation, su	ch as the market values of sec	curities and the		
	valuation dates $\blacktriangleright$	N/A							
For	Paperwork Reduction	Act Notice, see the	separate Ins	tructions.	Cat.	No. 37752P	Form <b>8937</b> (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 Paul			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 ►	

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

Firm's address ►