► See separate instructions.

	Reporting	ssuer						
1	Issuer's name	lame				2 Issuer's employer identification number (EIN)		
	Select 30i70e Man	aged Portfolio Co	N/A	N/A				
3	Name of contact for add	ditional information	4 Telephone	e No. of contact	5 Email address of cor	itact		
Duarte Boucinha			416-	681-1752	dboucinha@ci.c	dboucinha@ci.com		
6 Number and street (or P.O. box if mail is not delivered			lelivered to s	treet address) of contact	7 City, town, or post office	7 City, town, or post office, state, and ZIP code of contact		
	2 Queen Street East, 20th Floor				Toronto, Onta	Toronto, Ontario, M5C 3G7		
8	Date of action		9 Class	ification and description				
	Tax Year 2019			Non-taxable distribution				
10	CUSIP number	11 Serial number(s)		12 Ticker symbol	13 Account number(s)			
	N/A	N/A		N/A	N/A			
Pa			additional		e back of form for additiona	al questions.		
14	-				e against which shareholders' o	•		
	the action ►				olders throughout the 201			
					return of capital that occ	· · · · · · · · · · · · · · · · · · ·		
		the 2019 taxa	1		1	0		
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 adjustment per share or as a percentage of old basis \blacktriangleright 0.11701 per unit							
			-					
16		-	sis and the c	lata that supports the calcula	ation, such as the market values	s of securities and the		
	valuation dates	N/A						
For	Paperwork Reduction	Act Notice and the c	onarata Inci	tructions	Cat No. 07750D	Form 8937 (12-2017)		
ior	aperwork neutron	ALL NULLE, SEE LIE S	cparate IIIS		Cat. No. 37752P			

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Part		Organizational Action (continued)			,	
17 L	_ist the	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax tr	eatment	is based I	 IRC section 301(c)(2), 312 and 316 	
					512 and 510	
		27/1				
18 (Can any	v resulting loss be recognized? ►N/A				
19 F	Provide	any other information necessary to implement the adjustment, such as the reportabl	e tax yea	ar 🕨	N/A	
	Unde belief	r penalties of perjury, I declare that I have examined this return, including accompanying scheor, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all inform	lules and mation of	statements which prepa	, and to the best of my knowledge and arer has any knowledge.	
Sign		$-\mathbf{h}$				
Here	Signature ▶			Date Mar 31, 2019		
				D. 11		
	Print	your name ► Darie Urbanky Print/Type preparer's name Preparer's signature	Title ► Date	Presid	ent and Chief Operating Office	
Paid	0 46 -				Check if self-employed	
Prep Use		Firm's name	·		Firm's EIN ►	
000	Jiny	Firm's address ►			Phone no.	