► See separate instructions.

P	art Reporting	Issuer						
1	Issuer's name				2 Issuer's employ	yer identification number (EIN)		
	Select 50i50e 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	contact		
Duarte Boucinha		416-	681-1752	dboucinha@	dboucinha@ci.com			
6 Number and street (or P.O. box if mail is not delivered			delivered to s	treet address) of contact	7 City, town, or post	7 City, town, or post office, state, and ZIP code of contact		
	2 Queen Street East, 20th Floor				Toronto, C	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	r(s)		
	NT/A	NI/A		NI/A	NI/A			
Pa	N/A art II Organizatio	N/A	n additional	N/A statements if needed. S	N/A See back of form for addit			
14	-					ers' ownership is measured for		
	the action ►				holders throughout the			
					ne return of capital that			
		the 2019 taxa	1		FF			
			,					
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 ≥ 0.16781 per unit							
16	Describe the calculation valuation dates ►	on of the change in ba $\mathrm{N/A}$	asis and the c	lata that supports the calcu	ulation, such as the market v	alues of securities and the		
						- 0007		
For	Paperwork Reduction	Act Notice, see the s	separate Inst	tructions.	Cat. No. 37752P	Form 8937 (12-2017)		

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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	Signa	ture▶	Date Þ	Mar 3	1, 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					Check if self-employed
Prep Use		Firm's name	·		Firm's EIN ►
000	Jiny	Firm's address ►			Phone no.