► See separate instructions.

	Issuer's name	Issuer	2 Issuer's em	2 Issuer's employer identification number (EIN)					
	S-1+ (0:40- M			N/A					
3	Select 60i40e Managed Portfolio Corpo Name of contact for additional information 4 T			Telephone No. of contact		/ A ss of contact			
Ŭ									
	Duarte Boucinha			581-1752		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 p	7 City, town, or post office, state, and ZIP code of contact				
	2 Queen Street East, 20th Floor				Toronte	Toronto, Ontario, M5C 3G7			
8	Date of action		9 Classit	9 Classification and description					
	Tax Year 2019 No.				on-taxable distribution				
10	CUSIP number 11 Serial number(s)		12 Ticker symbol		13 Account nu	mber(s)			
	N/A	N/A		N/A	N	/A			
Pa	•			statements if needed. S					
14	-					olders' ownership is measured for			
	the action ►	A non-taxab	le distributi	on was made to share	holders throughout	the 2019 taxation year.			
		See question	15 for per	unit information of th	ne return of capital t	hat occurred throughout			
		the 2019 tax	able year.						
15	Describe the quantitat	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 0.12335 per unit								
			•						
16	Describe the calculation	on of the change in ba	asis and the d	ata that supports the calcu	lation, such as the mark	et values of securities and the			
	valuation dates >	N/A							
						- 0007			
For	Paperwork Reduction	Act Notice, see the	separate Inst	ructions.	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	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.		