► See separate instructions.

	Issuer's name	issuer			2 Issuer's employer	r identification number (EIN)		
	Select 60:40e Mor	aged Portfolio Co	N/A	N/A				
3	Select 60i40e Managed Portfolio Corpo 3 Name of contact for additional information 4			No. of contact		N/A 5 Email address of contact		
Duarte Boucinha			·	681-1752				
						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 post offi	7 City, town, or post office, state, and ZIP code of contact			
	2 Queen Street East, 20th Floor			Toronto, On	Toronto, Ontario, M5C 3G7			
8	Date of action		9 Classi	fication and description	· · ·			
	Tax Year 2019			Non-taxable o	listribution	ribution		
10	CUSIP number	11 Serial number(s))	12 Ticker symbol	13 Account number(s)			
				27/4				
Dr	N/A art II Organizatio	N/A	additional	N/A	ee back of form for addition			
14	-				ate against which shareholders'	-		
14	the action ►				holders throughout the 20			
					e return of capital that of			
		the 2019 taxa			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 0.10096 per unit							
	snare or as a percenta	age of old basis \blacktriangleright _0	.10096 per	unit				
16		•	isis and the d	ata that supports the calcu	lation, such as the market valu	es of securities and the		
	valuation dates ►	N/A						
_								
Ee~	Paperwork Reduction	Act Notice and the	onorate last	ructions		Form 8937 (12-2017		
- or	r aperwork neuucuon	ALL NULCE, SEE LIE S	eparate mst	10010115.	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	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	0 46 -				Check if self-employed
Prep Use		Firm's name	·		Firm's EIN ►
000	Juny	Firm's address ►			Phone no.