► See separate instructions.

Part Reporting Issuer					
1 Issuer's name	2 Issuer's employer identification number (EIN)				
Select 60i40e Managed Portfolio	N/A				
3 Name of contact for additional informatio	n 4 Telephoi	ne No. of contact	5 Email address of contact		
Duarte Boucinha		6-681-1752	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 office, state, and ZIP code of contact		
2 Queen Street East, 20th Floor			Toronto, Ontario, M5C 3G7		
8 Date of action	9 Clas	sification and description			
Tax Year 2019		Non-taxable dist	bution		
10 CUSIP number 11 Serial numb	er(s)	12 Ticker symbol	13 Account number(s)		
N/A N	/A	N/A	N/A		
			back of form for additional questions.		
the action ► A non-tax See quest	able distribu	tion was made to sharehole	gainst which shareholders' ownership is measured for ders throughout the 2019 taxation year. eturn of capital that occurred throughout		
 15 Describe the quantitative effect of the or share or as a percentage of old basis ▶ 	-		n the hands of a U.S. taxpayer as an adjustment per		
16 Describe the calculation of the change valuation dates ► N/A	n basis and the	data that supports the calculatic	n, such as the market values of securities and the		

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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	Signature			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	Jiny	Firm's address ►			Phone no.