► See separate instructions.

P	art Reporting	ssuer								
1	Issuer's name		2 Issuer's employer identification number (EIN) N/A							
	Select 80i20e Man	aged Portfolio Co								
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5 Email address of contact					
Duarte Boucinha			416	-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 Classification and description							
	Tax Year 2019			Non-taxable dis	tribution					
10	CUSIP number	11 Serial number(s))	12 Ticker symbol	13 Account number(s)					
	N/A	N/A		N/A	N/A					
Pa			n additiona	-	back of form for additional questions.					
14	-				against which shareholders' ownership is measured for					
the action A non-taxable distribution was made to shareholders throughout the 2019 taxation year.										
	See question 15 for per unit information of the return of capital that occurred throughout									
		the 2019 taxa	able year.							
15	Describe the quantitat	rive effect of the organ	nizational act	tion on the basis of the security	in the hands of a U.S. taxpayer as an adjustment per					
10		-			in the hands of a 0.0. taxpayer as an adjustment per					
share or as a percentage of old basis 0.12189 per unit										
46	Describe the colorilation	an af tha abanga in h	aia and the	data that as an arts the colorilati	ion such as the market values of accurities and the					
16	valuation dates ►	N/A	asis and the	uata that supports the calculati	ion, such as the market values of securities and the					
		11/11								
					- 9027 // 0 001					

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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	e 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.	