1 Issuer's name

2 Issuer's employer identification number (EIN)

7 City, town, or post office, state, and ZIP code of contact

N/A

dboucinha@ci.com

5 Email address of contact

See separate instructions.

Portfolio Series Income Fund (P)							
3 Name of contact for additional information 4 Telephone No. of cor							
Duarte Boucinha	416-681-1752						
6 Number and street (or P.O. box if mail is not	lumber and street (or P.O. box if mail is not delivered to street address) of contact						
2 Queen Street East, 20th Floor							
8 Date of action	9 Classification and description						

2 Queen Street East, 20th Floor						Toronto, Ontario, M5C 3G7				
8	Date of action		9 Classification and description							
Tax Year 2019				Non-taxable d	ution					
10	CUSIP number	umber 11 Serial number(s) 12		12 Ticker symbol		13 Account number(s)				
	N/A	N/A N/A N/A				N/A				
Pa	Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.									
14	14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is mea									
	the action ►	A non-taxable distribution was made to shareholders throughout the 2019 taxation year.								
						rn of capital that occurred throughout				
		the 2019 taxab	-							
			- j							

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 ► 0.04875 per unit

16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates \triangleright N/A

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Part		Drganizational Action (continued)					
17	List the	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax tre	eatment	is based I	 IRC sec 312 and 	<u>tion 301(c)(2),</u>	
					512 and	510	
		27/1					
18 (Can any	resulting loss be recognized? ►N/A					
19	Provide	any other information necessary to implement the adjustment, such as the reportable	e tax yea	ar Þ	N/A		
	1						
	Unde belief	r penalties of perjury, I declare that I have examined this return, including accompanying sched it is true, correct, and complete. Declaration of preparer (other than officer) is based on all inform	ules and nation of	statements which prep	s, and to the best of arer has any know	of my knowledge and ledge.	
Sign		-++					
Here	Signa		Date Mar 31, 2019				
		Jour name ► Darie Urbanky	T:41 ►	Presid	ent and Chie	f Operating Office	
Paid		Print/Type preparer's name Preparer's signature	Title ► Date	11000		PTIN	
	arer				self-employed		
	Only	Firm's name			Firm's EIN ►		
	-	Firm's address 🕨			Phone no.		