► See separate instructions.

1	Issuer's name			2 Issuer's employer identification number (EIN)						
	Select U.S. Equity Managed Fund (1)					N/A				
3	Select U.S. Equity Managed Fund (I) Name of contact for additional information 4			Telephone No. of contact		IN/A 5 Email address of contact				
	Duarte Boucinha			-681-1752		dboucinha@ci.com				
6					7 City, town, or post office, state, and ZIP code of contact					
0	Number and street (or P.O. box if mail is not delivered to street address) of contact									
	2 Queen Street East, 20th Floor					Toronto, Ontario, M5C 3G7				
8	Date of action	9 Class	9 Classification and description							
	Tax Year 2019			Non-ta	oution					
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	bl	13 Account number(s)				
	N/A	N/A	N N	N/	A	N/A				
Pa				-		ck of form for additional que	estions.			
14	Describe the organiza	ational action and, if a	pplicable, the	e date of the action	or the date aga	inst which shareholders' owner	ship 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 taxable year.									
15					the security in t	the hands of a U.S. taxpayer as	an adjustment per			
	share or as a percenta		0.23517 pei							
16	Describe the calculation	on of the change in k	asis and the (data that supports	the calculation	such as the market values of se	ocurities and the			
	valuation dates >	N/A			ine calculation,					
For	Paperwork Reduction	Act Notice, see the	separate Ins	tructions.	C	at. No. 37752P	Form 8937 (12-2017)			

Cat. No. 37752P

For Paperwork Reduction Act Notice, see the separate Instructions.

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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	re _{Signature} ►		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	Jiny	Firm's address ►			Phone no.