Form **8937**(December 2017) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

P	art I Reporting I	ssuer									
1	Issuer's name		2 Issuer's employer identification number (EIN)								
	Select Income Ma	naged Corporate	N/A								
3				ne No. of contact	5 Email address of contact						
				5-681-1752	dboucinha@ci.com						
6	6 Number and street (or P.O. box if mail is not de			street address) of contact	7 City, town, or post office, state, and ZIP code of contact						
	2 Queen Street Ea	st, 20th Floor			Toronto, Ontario, M5C 3G7						
8	8 Date of action			sification and description							
	Tax Year 2020			Non-taxable distrib	ole distribution						
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)						
	N/A	N/A		N/A	N/A						
Þ	<u> </u>			<u> </u>	<u> </u>						
_	Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.										
14	Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for										
	the action ► A non-taxable distribution was made to shareholders throughout the 2020 taxation year.										
_				r unit information of the retu	arn of capital that occurred throughout						
_		the 2020 tax	able year.								
_											
_											
15	Describe the quantitat share or as a percenta	the hands of a U.S. taxpayer as an adjustment per									
_											
_											
_											
16	Describe the calculation valuation dates ►	on of the change in N/A	asis and the	data that supports the calculation,	such as the market values of securities and the						

Par	t II	C	Organizational Action (continued)			· -	
17	List	the a	applicable Internal Revenue Code section	(s) and subsection(s) upon which the tax tre	eatment is based ▶	IRC section 301(c)(2), 312 and 316	
	_		NI//				
18	Can	any	resulting loss be recognized? ► N/A	1			
19	Prov	vide a	any other information necessary to impler	nent the adjustment, such as the reportable	e tax vear ►	N/A	
			,,,			,	
-							
	U	Jnder	penalties of perjury, I declare that I have exan	nined this return, including accompanying sched	ules and statements,	and to the best of my knowledge and	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.						
Sign Here	.			Manah 21	2020		
пеге	• s	Signat	ure▶	Date March 31, 2020			
	Print your name ▶ Darie Urbanky				Title ▶ President	and Chief Operating Officer	
Paic			Print/Type preparer's name	Preparer's signature	Date	Check if PTIN	
Pre		er│				self-employed	
Use			Firm's name			Firm's EIN ▶	
Send	Form	n 893	Firm's address ► 37 (including accompanying statements) t	o: Department of the Treasury, Internal Re	venue Service, Oad	Phone no. den, UT 84201-0054	