► See separate instructions.

	Issuer's name	issuer	2 Issuer's employer i	2 Issuer's employer identification number (EIN) N/A 5 Email address of contact				
	CI Salaat In aan	Managal						
3	CI Select Income Name of contact for ad							
Ū				e No. of contact				
Duarte Boucinha				-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	e, state, and ZIP code of contact		
	2 Queen Street E	ast, 20th Floor			Toronto, Onta	ario, M5C 3G7		
8	Date of action		9 Class	sification and description	· · ·			
	Tax Year 2021			Non-taxable o	listribution	ibution		
10	CUSIP number 11 Serial number(s)		s)	12 Ticker symbol	13 Account number(s)	13 Account number(s)		
D,	N/A art II Organizati	N/A		N/A	ee back of form for additiona	a questions		
14	-				te against which shareholders' of	-		
	the action ►				holders throughout the 202			
					e return of capital that occ			
		the 2021 tax	1		le return of capital that occ			
			able year.					
-								
15	Describe the quantita	tive effect of the oras	nizational act	ion on the basis of the secu	rity in the hands of a U.S. taxpay	ver as an adjustment per		
	share or as a percent					or as an adjustment per		
			<u></u>	unit (
16		-	asis and the	data that supports the calcu	lation, such as the market values	s of securities and the		
	valuation dates ►	N/A						
For	Paperwork Reduction	Act Notice, see the	separate Ins	structions.	Cat. No. 37752P	Form 8937 (12-2017)		

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Part		Drganizational Action (continued)			
17 L	ist the	applicable Internal Revenue Code section	(s) and subsection(s) upon which the tax tre	eatment is based ▶	• <u>IRC section 301(c)(2)</u> , 312 and 316
18 C	Can any	resulting loss be recognized? N/I	A		
19 P	Provide	any other information necessary to impler	nent the adjustment, such as the reportable	e tax year ►	N/A
Sign			nined this return, including accompanying schedu preparer (other than officer) is based on all inform		
Here				Date►	
	Print	our name ► Darie Urbanky			and Chief Operating Officer
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed
Use (Firm's name ► Firm's address ►			Firm's EIN ► Phone no.

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054