See separate instructions.

Part Reporting Issuer

| _ | Issuer's name | 155061 | 2 Issuer's employer identification number (EIN) | | | | |
|---|--|---|---|---------------------------------|----------------------------------|--------------------------------|--|
| | CI Select 40i60e 1 | Managed Portfolio | N/A | N/A | | | |
| CI Select 40i60e Managed Portfolio Corporate Class (ET8) 3 Name of contact for additional information 4 Telephone No. of contact | | | | | | 5 Email address of contact | |
| Duarte Boucinha | | | | -681-1752 | dboucinha@ci.co | dboucinha@ci.com | |
| 6 Number and street (or P.O. box if mail is not delivered t | | | | | | state, and ZIP code of contact | |
| | 2 Queen Street East, 20th Floor | | | , | Toronto, Ontar | | |
| 8 | Date of action | ası, 2011 1 1001 | 9 Class | ification and description | | 10, 113C 3C7 | |
| • | | | | | | | |
| 10 | Tax Year 2021 CUSIP number 11 Serial number(s) | | | Non-taxable dis | 13 Account number(s) | | |
| 10 | COSIP number | TT Senai number(s) | | | 13 Account number(s) | | |
| | N/A | N/A | | N/A | N/A | | |
| | - | | | | back of form for additional | - | |
| 14 | - | | • | | against which shareholders' ow | | |
| | the action ► | | | | olders throughout the 2021 | | |
| | | - | - | unit information of the | return of capital that occu | rred throughout | |
| | | the 2021 taxa | ble year. | | | | |
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| 15 | | tive effect of the organ age of old basis $\blacktriangleright 0$ | | | v in the hands of a U.S. taxpaye | r as an adjustment per | |
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| 16 | Describe the calculati valuation dates ► | ion of the change in ba $\mathrm{N/A}$ | sis and the o | data that supports the calculat | ion, such as the market values o | of securities and the | |
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| For | Paperwork Reduction | Act Notice, see the s | eparate Ins | tructions. | Cat. No. 37752P | Form 8937 (12-2017) | |

| Form 89 | 937 (12-2 | 017) | | | Page 2 |
|---------------|-----------|---|--|--------------------|---|
| 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 |
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| 18 C | Can any | resulting loss be recognized? N/I | A | | |
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| 19 P | Provide | any other information necessary to impler | nent the adjustment, such as the reportable | e tax year ► | N/A |
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| | | | | | |
| 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