See separate instructions.

Part Reporting Issuer

	Issuer's name	155061	2 Issuer's employer	2 Issuer's employer identification number (EIN) N/A 5 Email address of contact				
3	Name of contact for ad	Managed Portfolio	-					
Ū			-	e No. of contact -681-1752				
	Duarte Boucinha					dboucinha@ci.com		
6	Number and street (or I	P.O. box if mail is not o	delivered to s	street address) of contact	7 City, town, or post offic	e, state, and ZIP code of contact		
	2 Queen Street East, 20th Floor				Toronto, Ont	Toronto, Ontario, M5C 3G7		
8	Date of action		9 Class	9 Classification and description				
	Tax Year 2021			Non-taxable d	istribution	ion		
10	CUSIP number 11 Serial number(s))	12 Ticker symbol	13 Account number(s)	13 Account number(s)		
D:	N/A art II Organizati	N/A	h additiona	N/A	e back of form for additionation	al questions		
14	-				e against which shareholders'	-		
14	the action ►				olders throughout the 20			
					~ ~			
		-	-	r unit information of the	e return of capital that occ	curred throughout		
		the 2021 taxa	able year.					
15	Describe the quantita	ative effect of the organ	nizational act	ion on the basis of the securi	ity in the hands of a U.S. taxpa	ver as an adjustment per		
		tage of old basis ► 0						
		<u> </u>	<u>110770 pt</u>					
						e		
16		-	asis and the	data that supports the calcula	ation, such as the market value	s of securities and the		
	valuation dates ►	N/A						
		Act Nation and the	anaucta I	turationa	0 + N 077500	Form 8937 (12-2017		
ror	Paperwork Reduction	ALL NULCE, SEE LNE S	separate ins		Cat. No. 37752P			

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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