► See separate instructions.

Р	arti Reporting	issuer							
1	Issuer's name				2 Issuer's employer identification number (EIN)				
	CI Select 60i40e N	Managed Portfolic	N/A						
3	Name of contact for add	ditional information	4 Telephor	e No. of contact	5 Email address of contact				
	Duarte Boucinha		416	-681-1752	dboucinha@ci.com				
6	Number and street (or F	P.O. box if mail is not	7 City, town, or post office, state, and ZIP code of contact						
	2 Queen Street Ea	east, 20th Floor			Toronto, Ontario, M5C 3G7				
8	Date of action		9 Classification and description		1				
	Tax Year 2021			Non-taxable distri	bution				
10	CUSIP number	11 Serial number(s	\$)	12 Ticker symbol	13 Account number(s)				
	N/A	N/A		N/A	N/A				
Pa					ack of form for additional questions.				
14	-				jainst which shareholders' ownership is measured for				
17	the action ►								
	the action > A non-taxable distribution was made to shareholders throughout the 2021 taxation year. See question 15 for per unit information of the return of capital that occurred throughout								
		the 2021 tax		and information of the re	tuni of capital that occurred throughout				
			abie year.						
15	Describe the quantitat	Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per							
	share or as a percenta	<u> </u>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>						
	Describes the sector left	and the shares is b			en en el la complete de la complete				
16		-	asis and the	data that supports the calculation	n, such as the market values of securities and the				
	valuation dates	N/A							
-		• · • • · · ·							

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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