► See separate instructions.

P	art Reporting	issuer				
1	Issuer's name		2 Issuer's employer identification number (EIN)			
	CI Select 60i40e N	Managed Portfolio	N/A			
3	Name of contact for ad	ditional information	4 Telephon	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 c	lelivered to s	treet address) of contact	7 City, town, or post office, stat	e, and ZIP code of contact
	2 Queen Street East, 20th Floor				Toronto, Ontario,	M5C 3G7
8	Date of action		9 Class	ification and description		
	Tax Year 2021			Non-taxable distribution		
10	CUSIP number	11 Serial number(s)		12 Ticker symbol	13 Account number(s)	
D	N/A art II Organizatio	N/A	additional	N/A	N/A	
	-				back of form for additional que	
14	the action ►		•		ders throughout the 2021 ta	•
					eturn of capital that occurre	
		the 2021 taxa	1	unit information of the re	etumi of capital that occurre	a infougnoui
			ibie year.			
15	Describe the quantita	tive offect of the organ	izational act	ion on the basis of the security i	n the hands of a LLS taxpayor as	an adjustment per
15	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 p share or as a percentage of old basis ► 0.27774 per unit					
	share of as a percenta		.2///4 per	um		
16		-	isis and the o	data that supports the calculation	on, such as the market values of s	ecurities and the
	valuation dates	N/A				
For	Paperwork Reduction	Act Notice, see the s	eparate Ins	tructions.	Cat. No. 37752P	Form <b>8937</b> (12-2017)

Form 89	937 (12-2	017)			Page <b>2</b>	
Part		Drganizational Action (continued)				
<b>17</b> 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	
<b>18</b> C	Can any	resulting loss be recognized? N/I	A			
<b>19</b> 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