Form **8937**(December 2017) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

P	art I Reporting	Issuer						
1	Issuer's name		2 Issuer's employer identification number (EIN)					
	CI Select 70i30e N	Managed Portfolio	o Corporat	N/A				
3	Name of contact for additional information 4 Tel			e No. of contact	5 Email address of contact			
	Duarte Boucinha		416	-681-1752	dboucinha@ci.com			
6	Number and street (or P.O. box if mail is not delivered to street address) of			street address) of contact	7 City, town, or post office, state, and ZIP code of contact			
	2 Queen Street Ea	ast, 20th Floor			Toronto, Ontario, M5C 3G7			
8	Date of action		9 Classification and description					
	Tax Year 2021			Non-taxable	distribution			
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)			
	N/A	N/A	L	N/A	N/A			
P	art II Organizatio	onal Action Attac	h additiona	statements if needed. S	See back of form for additional questions.			
14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured.								
	the action ►	A non-taxal	ole distribu	tion was made to share	eholders throughout the 2021 taxation year.			
		See question	15 for per	r unit information of the	he return of capital that occurred throughout			
		the 2021 tax	able year.					
15	Describe the quantitate share or as a percental	urity in the hands of a U.S. taxpayer as an adjustment per						
16	Describe the calculation	on of the change in N/A	asis and the	data that supports the calc	ulation, such as the market values of securities and the			
_								
_								

47		and the black of the second of	AN and a bourge of the second		IDC
17 Li	ist the	applicable Internal Revenue Code section	n(s) and subsection(s) upon which the tax treatment is based		
					312 and 316
1 8 C	an anv	resulting loss be recognized? ► N/A	Λ		
	an any				
1 9 P	rovide	any other information necessary to impler	nent the adjustment, such as the reports	able tax vear ▶	N/A
	TOVIGO	any other information necessary to impler	mont the adjustment, such as the report		21/12
	I Im -I	popultion of povium I dealers that I have	nined this veture including a	hadulan and atstance !	and to the heat of my lim and all
		penalties of perjury, I declare that I have exan it is true, correct, and complete. Declaration of			
Sign		-16 ,			
Here	Signa	ture •	Date ►		
	Print	our name ► Darie Urbanky			and Chief Operating Office
Paid		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN
Prepa	arer				self-employed
Use (Only	Firm's name ►			Firm's EIN ▶
		Firm's address ►			Phone no.

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