► See separate instructions.

Ρ	art Reporting	Issuer								
1	Issuer's name		2 Issuer's employer identification number (EIN)							
	CI Select Income	Managed Corpor	N/A							
3	Name of contact for add	ditional information	4 Telephor	e No. of contact	5 Email address of contact					
	Duarte Boucinha			-681-1752	dboucinha@ci.com					
6	6 Number and street (or P.O. box if mail is not delivered to street address) of contact				7 City, town, or post office, state, and ZIP code of contact					
	15 York Street, 2nd floor				Toronto, Ontario, M5J 0A3					
8	Date of action		9 Class	sification and description						
	Tax Year 2022			Non-taxable dist	bution					
10	CUSIP number	11 Serial number(5)	12 Ticker symbol	13 Account number(s)					
	N/A	N/A		N/A	N/A					
Pa					back of form for additional questions.					
14	-				· · · · · · · · · · · · · · · · · · ·					
	14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ► A non-taxable distribution was made to shareholders throughout the 2022 taxation year.									
	See question 15 for per unit information of the return of capital that occurred throughout									
		the 2022 tax	1							
15	Describe the quantitat	escribe the quantitative effect of the organizational action on the basis of th			in the hands of a U.S. taxpayer as an adjustment per					
	share or as a percentage of old basis > 0.01497 per unit									
46	Deceribe the colouleti	an af tha abanaa in b	acia and the	data that augusta the coloulatio	an auch as the market values of accurities and the					
16		-	asis and the	data that supports the calculation	on, such as the market values of securities and the					
	valuation dates \blacktriangleright	N/A								
					= 9027 //s ss/=					

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Pa	rt II	Organizational Action (continued)							
17		applicable Internal Revenue Code section(s) and subsection(s) upon which the tax to	reatment is based ▶	►					
				312 and 316					
18	Can an	resulting loss be recognized? \blacktriangleright N/A							
40			1. I	N/A					
19	Provide	any other information necessary to implement the adjustment, such as the reportab	le tax year ►	IN/Λ					
	Und	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and							
<u>.</u>		belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.							
Sigr Her	<u> </u>		Date March 31, 2022						
	Sign								
	Print	your name Darie Urbanky	Title President	and Chief Operating Officer					
Pai		Print/Type preparer's name Preparer's signature	Date	Check if PTIN					
	a parer			self-employed					
	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