See separate instructions.

## Part Reporting Issuer

Ρ	and Reporting	ssuer									
1	Issuer's name		2	2 Issuer's employer identification number (EIN)							
	Select 80i20e M	anaged Portfol		N/A							
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	<b>5</b> E	5 Email address of contact					
	Duarte Boucinh	a	416-681	1-1752	db	dboucinha@ci.com					
6	Number and street (or P	.O. box if mail is not	delivered to s	street address) of contact	<b>7</b> Ci	7 City, town, or post office, state, and Zip code of contact					
	2 Queen Street	East, 20th Floo	r			Toronto, Ontario, M5C 3G7					
8	Date of action		9 Class	sification and description	·						
	Tax Year 2016			Non-taxable di	stribution	n					
10	CUSIP number <b>11</b> Serial number		s)	12 Ticker symbol	13	Account number(s)					
	N/A	N/A		N/A		N/A					
P			h additiona	_	ee back of	form for additional questions.					
14	-					hich shareholders' ownership is measured for					
	the action ►				-	ders throughout the 2016					
						nation of the return of capital					
	that occurred throughout the 2016 taxable year.										
15	Describe the quantitat	ive effect of the orga	nizational act	ion on the basis of the secu	rity in the ha	nds of a U.S. taxpayer as an adjustment per					
	share or as a percenta	age of old basis ►	0.24391 p	er unit							
16	Describe the calculation valuation dates ►	-	asis and the	data that supports the calcul	lation, such a	as the market values of securities and the					
	valuation dates	N/A									

Form 8937	(Rev.	12-2011)
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Pa	t II	Organiza	ational Ac	tion (con	tinued)								
17						and subs	section(s)	upon wh	ch the tax	treatment	is based I	IRC sect 312 and	tion 301(c)(2), 316
			·										
18	Can an	ny resulting l	oss be recog	gnized? ►	N/A	L							
19	Provide	e anv other i	information n	acassany ti	o implem	ont the adi	ustment	such as t	he report:	ahla tay va	ar 🕨	N/A	
15	TIOVIU	e any other i	mormation n	iecessary to		ent the auj	ustinent,	Such as		able lax ye	ai 🕨	11/11	
												and to the bes arer has any kno	t of my knowledge and
0:		ei, it is true, co			aration of p	reparer (otri	er than on	cer) is bas		Iornation of	which prepa	arer has any kno	Jwiedge.
Sigr Her				/							16/2	/2017	
	Signature Signature						_ Date ►	10/2	/ 201/				
	Drimi		<sub>vour name</sub> ► David Pauli				-			Title ►	EVP		
		Print/Type	preparer's nan	ne		Preparer's s	ignature			Date			PTIN
Paie	a parer											Check if self-employed	
	e Only		ie 🕨		I					· · · · · · · · · · · · · · · · · · ·		Firm's EIN ►	
	<b>y</b>												

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

Firm's address ►