► See separate instructions.

P	art Reporting	issuer						
1	Issuer's name			2 Issuer's employer identification number (EIN)				
CI Select Income Managed Corporate Class (FT5)						N/A		
3	Name of contact for add	ditional information	4 Telephor	hone No. of contact		5 Email address of contact		
Duarte Boucinha				416-681-1752		dboucinha@ci.com		
6	6 Number and street (or P.O. box if mail is not delivered to street address) of c					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 Classification and de			sification and description	·				
	Tax Year 2023			Non-taxable d	axable distribution			
10	CUSIP number	11 Serial number(s	5)	12 Ticker symbol		13 Account number(s)		
	N/A	N/A		N/A		N/A		
Pa					ee bac	k of form for additional questions.		
14	-					nst which shareholders' ownership is measured for		
	the action ►				-	s throughout the 2023 taxation year.		
						rn of capital that occurred throughout		
		the 2023 tax						
			-					
15	Describe the quantitat	tive effect of the orga	nizational act	tion on the basis of the secur	rity in th	he hands of a U.S. taxpayer 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 ► 0.08249 per unit								
			<u>, , , , , , , , , , , , , , , , , , , </u>					
16	Describe the calculation	on of the change in h	asis and the	data that supports the calcul	lation s	such as the market values of securities and the		
10	valuation dates >	N/A			iation, s	den as the market values of securities and the		
		11/11						

Form 8937 (12-2017) Page 2										
Pa	rt II	Organizational Action (continued)								
17		applicable Internal Revenue Code section(s) and subsection(s) upon which the tax to	reatment is based ▶	IRC section 301(c)(2),						
				312 and 316						
18	Can an	resulting loss be recognized? \blacktriangleright N/A								
	–			NI/A						
19	Provide	any other information necessary to implement the adjustment, such as the reportab	le tax year ►	N/A						
	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								
		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, 2023							
пег	Sign									
	Drint	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						
	e 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