► See separate instructions.

| Part Reporting | Issuer | | | | |
|--|--|--|---------------------------------|---|--|
| 1 Issuer's name | | 2 Issuer's employer identification number (EIN) | | | |
| CI Select 80i20e | Managed Portfolic | N/A | | | |
| 3 Name of contact for ac | Iditional information | 5 Email address of contact | | | |
| Duarte Boucinha 416-68 | | | -681-1752 | dboucinha@ci.com | |
| 6 Number and street (or | P.O. box if mail is not | 7 City, town, or post office, state, and ZIP code of contact | | | |
| 15 York Street, 2 | nd floor | Toronto, Ontario, M5J 0A3 | | | |
| 8 Date of action 9 Classification and descri | | | sification and description | | |
| Tax Year 2023 Non-taxable dis | | | | stribution | |
| 10 CUSIP number | 11 Serial number(s | 3) | 12 Ticker symbol | 13 Account number(s) | |
| N/A | N/A | | N/A | N/A | |
| - | | | | back of form for additional questions. | |
| the action ► | | 15 for pe | | olders throughout the 2023 taxation year. return of capital that occurred throughout | |
| | ative effect of the orga age of old basis ► _ (| | | y in the hands of a U.S. taxpayer as an adjustment per | |
| | | | | | |
| 16 Describe the calculat valuation dates ► | ion of the change in b N/A | asis and the | data that supports the calculat | tion, such as the market values of securities and the | |
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| 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 | | | |
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| 18 | Can an | resulting loss be recognized? \blacktriangleright N/A | | | | | |
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| | – | | | NI/A | | | |
| 19 | Provide | any other information necessary to implement the adjustment, such as the reportab | le tax year ► | N/A | | | |
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| | Und | r penalties of perjury, I declare that I have examined this return, including accompanying sche | dules and statements | , and to the best of my knowledge and | | | |
| | | it is true, correct, and complete. Declaration of preparer (other than officer) is based on all infor | mation of which prepa | arer has any knowledge. | | | |
| Sigr Her | <u> </u> | | March 21, 2022 | | | | |
| пег | Sign | | Date March 31, | Date March 31, 2023 | | | |
| | 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