► See separate instructions.

| Ρ | art I Reporting | Issuer | | | | | | | |
|---------------------------|--|-------------------------|--|-----------------------------------|---|--|--|--|--|
| 1 | Issuer's name | | | | 2 Issuer's employer identification number (EIN) | | | | |
| | CI Select 50i50e N | Managed Portfolic | N/A | | | | | | |
| 3 | Name of contact for add | ditional information | e No. of contact | 5 Email address of contact | | | | | |
| | Duarte Boucinha 41 | | | -681-1752 | dboucinha@ci.com | | | | |
| 6 | Number and street (or F | P.O. box if mail is not | 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 2023 | | | Non-taxable distr | bution | | | | |
| 10 | CUSIP number | 11 Serial number(s | .) ;) | 12 Ticker symbol | 13 Account number(s) | | | | |
| | | | | | | | | | |
| P | N/A art II Organizatio | N/A | | N/A | N/A back of form for additional questions. | | | | |
| 14 | - | | | | · · | | | | |
| 14 | | | | | | | | | |
| | If non anable distribution was made to shareholders anoughout the 2025 anatom year. | | | | | | | | |
| | See question 15 for per unit information of the return of capital that occurred throughout the 2023 taxable year. | | | | | | | | |
| | | | abie year. | | | | | | |
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| 15 | Describe the quantitat | tive offect of the orac | n the hands of a LLS taxpayor as an adjustment per | | | | | | |
| 15 | | | | | n the hands of a U.S. taxpayer as an adjustment per | | | | |
| | share or as a percentage of old basis 0.06200 per unit | | | | | | | | |
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| 16 | Describe the calculati | on of the change in b | asis and the | data that supports the calculatio | n, such as the market values of securities and the | | | | |
| | valuation dates > | N/A | | | | | | | |
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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 | 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> | | 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