► See separate instructions.

Part Reporting Issue

P	and Reporting	Issuer					
1	Issuer's name		2 Issuer's employer identification number (EIN)				
	Select 70i30e M	anaged Portfo	N/A				
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5 Email address of contact		
	Duarte Boucinh	a	416-681	-1752	dboucinha@ci.com		
6	Number and street (or F	P.O. box if mail is not	delivered to s	street address) of contact	7 City, town, or post office, state, and Zip code of cont		
	2 Queen Street	East, 20th Floo	or		Toronto, Ontario, M5C 3G7		
8	Date of action		9 Class	ification and description			
	Tax Year 2016			Non-taxable di	istribution		
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)		
	N/A	N/A		N/A	N/A		
D			h additional	-			
	-				See back of form for additional questions.		
14	-				ate against which shareholders' ownership is measured for		
	the action ►				shareholders throughout the 2016		
		taxation ye	<u>ear. See qu</u>	lestion 15 for per u	nit information of the return of capital		
		that occur	red throug	<u>ghout the 2016 taxal</u>	ble year.		
			· · · ·		5		
15	Describe the quantitat	tive effect of the orga	nizational act	ion on the basis of the secu	urity in the hands of a U.S. taxpayer as an adjustment per		
	share or as a percenta	-			,		
16		-	asis and the o	data that supports the calcu	lation, such 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	eu on an in	Iornation of	which prepa	arer has any kno	Jwiedge.
Sigr Her				/		_					16/2	/2017	
	Signature					_ Date ►	10/2	/ 201/					
	Drimi		ur name David Pauli						Title ►	EVP			
		Print/Type	preparer's nan	ne		Preparer's s	ignature			Date		Chock	PTIN
Paie	a parer											Check if self-employed	
	e Only		ie 🕨		I					· · · · · · · · · · · · · · · · · · ·		Firm's EIN ►	
	y												

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

Firm's address ►