► See separate instructions.

Р	art Reporting	ssuer								
1	Issuer's name		2 Issuer's employer identification number (EIN) N/A							
	Select 60i40e Man	aged Portfolio Co								
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5 Email address of contact					
Duarte Boucinha			416	-681-1752	dboucinha@ci.com					
6 Number and street (or P.O. box if mail is not delivered to				street address) of contact	7 City, town, or post office, state, and ZIP code of con					
	2 Queen Street East, 20th Floor				Toronto, Ontario, M5C 3G7					
8	Date of action		9 Classification and description		I					
	Tax Year 2019			Non-taxable dis	stribution					
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)					
	N/A	N/A		N/A	N/A					
Pa					e back of form for additional questions.					
14	Describe the organiza	tional action and, if a	oplicable, the	e date of the action or the date	against which shareholders' ownership is measured for					
the action A non-taxable distribution was made to shareholders throughout the 2019 taxation year.										
	See question 15 for per unit information of the return of capital that occurred throughout the 2019 taxable year.									
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 per share or as a percentage of old basis \blacktriangleright									
16	Describe the calculation valuation dates ►	on of the change in ba $\mathrm{N/A}$	asis and the	data that supports the calcula	tion, such as the market values of securities and the					
_										
_					- 9027 //					

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Part		Organizational Action (continued)			,		
17 L	_ist the	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax tr	eatment	is based I	 IRC section 301(c)(2), 312 and 316 		
					512 and 510		
		27/1					
18 (Can any	v resulting loss be recognized? ►N/A					
19 F	Provide	any other information necessary to implement the adjustment, such as the reportabl	e tax yea	ar 🕨	N/A		
	Unde belief	r penalties of perjury, I declare that I have examined this return, including accompanying scheor, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all inform	lules and mation of	statements which prepa	, and to the best of my knowledge and arer has any knowledge.		
Sign		$-\mathbf{h}$					
Here	e Signature ▶			Date Mar 31, 2019			
				D. 11			
	Print	your name ► Darie Urbanky Print/Type preparer's name Preparer's signature	Title ► Date	Presid	ent and Chief Operating Office		
Paid	0 46 -				Check if self-employed		
Prep Use		Firm's name	·		Firm's EIN ►		
000	Jiny	Firm's address ►			Phone no.		