► See separate instructions.

P	art Reporting I	Issuer								
1	Issuer's name			2 Issuer's employer identification number (EIN)						
	Select 80i20e Man	aged Portfolio Co	N/A							
3	Name of contact for add	ditional information	4 Telephor	e No. of contact	5 Email address of contact					
Duarte Boucinha			416	-681-1752	dboucinha@ci.com					
6	Number and street (or P	P.O. box if mail is not o	delivered to	street address) of contact	7 City, town, or post office, state, and ZIP code of contact					
	2 Queen Street East, 20th Floor				Toronto, Ontario, M5C 3G7					
8	Date of action		9 Classification and description		· · ·					
	Tax Year 2019			Non-taxable di	istribution					
10	CUSIP number 11 Serial number(s				13 Account number(s)					
D	N/A art II Organizatio	N/A	additiona	N/A	N/A e back of form for additional questions.					
14					· · · · · · · · · · · · · · · · · · ·					
14	the action ►	Describe the organizational action and, if applicable, the 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.										
			ibic 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 percenta									
16	Describe the calculation	on of the change in h	ncic and the	data that supports the calcula	ation, such as the market values of securities and the					
10	valuation dates >	N/A		uata that supports the calcula	ation, such as the market values of securities and the					
		IN/A								
					E 9027 (10 001					

Form 89	937 (12-2	2017)			Page 2	
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.	