► See separate instructions.

P	art Reporting	ssuer							
1	Issuer's name		2 Issuer's employer identification number (EIN)						
	Select 40i60e 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			-681-1752	dboucinha@ci.com				
6	6 Number and street (or P.O. box if mail is not delivered			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 2020 Non-taxal				distribution				
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)				
	N/A	N/A		N/A	N/A				
Pa			n additiona		back of form for additional questions.				
	the action A non-taxable distribution was made to shareholders throughout the 2020 taxation year. See question 15 for per unit information of the return of capital that occurred throughout the 2020 taxable year.								
15 	Describe the quantitat share or as a percenta	-			y in the hands of a U.S. taxpayer as an adjustment per				
16 	Describe the calculation valuation dates ►	on of the change in bandle in b	asis and the	data that supports the calculat	ion, such as the market values of securities and the				
					2007				

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Pa	rt II	Drganizational Action (continued)							
17		applicable Internal Revenue Code section(s) and subsection(s) upon which the tax tr	reatment is based ▶	►					
				312 and 316					
40	Con on	resulting lass he recognized $\sim N/A$							
18	Can an	resulting loss be recognized? ► N/A							
19	Provide	any other information necessary to implement the adjustment, such as the reportabl	le tax year ►	N/A					
	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>		Date March 31, 2020						
		your name ► Darie Urbanky Print/Type preparer's name Preparer's signature	Title ► President	and Chief Operating Officer					
Paie	d parer	Print/Type preparer's name Preparer's signature		Check if 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