Form **8937**(December 2017) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

P	Part I Reporting Issuer									
1	Issuer's name		2 Issuer's employer identification number (EIN)							
	CI Select Income	Managed Corpo	N/A							
3				ne No. of contact	5 Email address of contact					
	Duarte Boucinha		416	5-681-1752	dboucinha@ci.com					
6	Number and street (or P.O. box if mail is not delivered to stree			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	8 Date of action			9 Classification and description						
Tax Year 2021 Non-taxable distri					bution					
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)					
	N/A	N/A	1	N/A	N/A					
Ρ	art II Organizatio	nal Action Attac	h additiona	al statements if needed. See bad	ck of form for additional questions.					
14	· · ·									
	the action ▶	A non-taxal	ole distribu	ition was made to shareholde	rs throughout the 2021 taxation year.					
					urn of capital that occurred throughout					
		the 2021 tax	able year.		1					
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15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpaver as an adii										
Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustmer share or as a percentage of old basis 0.08648 per unit										
	· · · · · · · · · · · · · · · · · · ·									
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16	Describe the calculation	on of the change in ${ m N}/{ m A}$	asis and the	data that supports the calculation,	such as the market values of securities and the					
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47		and the black of the second of	AN and a boundary of Norway 111 House and the second		IDC
17 Li	ist the	applicable Internal Revenue Code section	n(s) and subsection(s) upon which the tax treatment is based		
					312 and 316
1 8 C	an anv	resulting loss be recognized? ► N/A	Λ		
	an any				
1 9 P	rovide	any other information necessary to impler	nent the adjustment, such as the reports	able tax vear ▶	N/A
	TOVIGO	any other information necessary to impler	mont the adjustment, such as the report		21/12
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		penalties of perjury, I declare that I have exan it is true, correct, and complete. Declaration of			
Sign		-16 ,			
Here	Signa	ture •	Date ►		
	Print	our name ► Darie Urbanky			and Chief Operating Office
Paid		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN
Prepa	arer				self-employed
Use (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