► See separate instructions.

Delication Reporting Issuer 1 Issuer's name						2 Issuer's employer identification number (EIN)		
	CI Salaat In aama	Managad Campan	ata Class (ϿʹϮʹϹʹ		N1/A		
3	CI Select Income Name of contact for ad		5	N/A 5 Email address of contact				
Ŭ				ne No. of contact	ľ			
				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	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 Clas	9 Classification and description				
	Tax Year 2021			Non-taxable distribution		n		
10	CUSIP number	11 Serial number(s	s)	12 Ticker symbol		Account number(s)		
	27/4					27/4		
D	N/A art II Organizati	N/A		N/A		N/A f form for additional questions.		
14	-					which shareholders' ownership is measured for		
14	the action ►				-	hroughout the 2021 taxation year.		
						of capital that occurred throughout		
		the 2021 tax	-					
			-					
15	Describe the quantita	tive effect of the orga	nizational ac	tion on the basis of the secur	ritv in the h	ands of a U.S. taxpayer as an adjustment per		
		-						
share or as a percentage of old basis 0.06732 per unit								
46	Describe the calculati	ion of the change in h	aaia and tha	data that augments the colour	lation auch	a so the market values of econytics and the		
16		-	asis and the	data that supports the calcul	lation, such	n as the market values of securities and the		
	valuation dates ►	N/A						
_								
-	<u> </u>	A . AL				E 9027 (10 0017)		

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Part		Drganizational Action (continued)			
17 L	ist the	applicable Internal Revenue Code section	(s) and subsection(s) upon which the tax tre	eatment is based ▶	• <u>IRC section 301(c)(2)</u> , 312 and 316
18 C	Can any	resulting loss be recognized? N/I	A		
19 P	Provide	any other information necessary to impler	nent the adjustment, such as the reportable	e tax year ►	N/A
Sign			nined this return, including accompanying schedu preparer (other than officer) is based on all inform		
Here				Date►	
	Print	our name ► Darie Urbanky			and Chief Operating Officer
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed
Use (Firm's name ► Firm's address ►			Firm's EIN ► Phone no.

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