► See separate instructions.

_	Issuer's name	155001	2	2 Issuer's employer identification number (EIN)						
	CI Select 20i80e N	Managed Portfolio								
3	Name of contact for add		5 6	5 Email address of contact						
	Duarte Boucinha		416	Telephone No. of contact 416-681-1752		dboucinha@ci.com				
6 Number and street (or P.O. box if mail is not delivered to sti						 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		Q Class	9 Classification and description						
U										
	Tax Year 2021			Non-taxable d						
10	CUSIP number	11 Serial number(s))	12 Ticker symbol	13	Account number(s)				
	N/A	N/A		N/A		N/A				
Pa	-					form for additional questions.				
14	-				-	which shareholders' ownership is measured for				
	the action ►					roughout the 2021 taxation year.				
See question 15 for per unit information of the return of capital that occurred throughout the 2021 taxable year.										
			ibie 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 0.04223 per unit										
40	Describe the coloriati				ation and					
16	valuation dates	-	asis and the	data that supports the calcula	ation, such	as the market values of securities and the				
		N/A								
						9027 (10 0017				

Form 89	937 (12-2	017)			Page 2	
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	Signa	ture ►		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