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

Р	art Reporting	Issuer								
1	Issuer's name		2 Issuer's em	2 Issuer's employer identification number (EIN) $N/A \label{eq:N/A}$						
	CI Select 40i60e N	Managed Portfolio	N							
3	Name of contact for additional information 4 T			ne No. of contact	5 Email addres	s of contact				
	Duarte Boucinha		416-681-1752		dboucinh	dboucinha@ci.com				
6 Number and street (or P.O. box if mail is not of			delivered to street address) of contact		7 City, town, or p	7 City, town, or post office, state, and ZIP code of contact				
	2 Queen Street East, 20th Floor				Toronto	Toronto, Ontario, M5C 3G7				
8	Date of action		9 Classification and description							
	Tax Year 2021	Tax Year 2021		Non-taxable	distribution	tribution				
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account nur	nber(s)				
	N/A	J/A N/A N/A		N/A	N	N/A				
P	art II Organizatio	onal Action Attac	h additiona	al statements if needed. S	ee back of form for ac	dditional questions.				
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14	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 2021 taxation year.									
						hat occurred throughout				
		the 2021 tax	-							
Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustm share or as a percentage of old basis ► 0.22338 per unit										
16	Describe the calculativaluation dates ►	on of the change in ${ m k}/{ m A}$	asis and the	data that supports the calcu	lation, such as the mark	et values of securities and the				
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47		and the black of the second of	(A) and a boundary (A) and a bou		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
	I Im -I	popultion of povium I dealers that I have	nined this veture including a	hadulan and atstance !	and to the heat of my lim and all
		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