See separate instructions.

Part Reporting Issuer

	Issuer's name		2 Issuer's employer is	2 Issuer's employer identification number (EIN) N/A 5 Email address of contact				
	CI Select 60i40e 1	Managed Portfolic	N/A					
3	Name of contact for ad	0						
3 Name of contact for additional information 4 Duarte Boucinha				-681-1752	dboucinha@ci co	dboucinha@ci.com		
6 Number and street (or P.O. box if mail is not delivered						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 Class	sification and description	1010110, 0112	10, M3C 3C7		
•								
10	Tax Year 2021 CUSIP number 11 Serial number(s)			Non-taxable		13 Account number(s)		
10	CUSIP number 11 Serial number(s)		5)	12 Ticker symbol	13 Account number(s)			
	N/A	N/A		N/A	N/A			
	-				See back of form for additiona	-		
14	-				late against which shareholders' o			
	the action ►				eholders throughout the 202			
		See question	15 for per	r unit information of t	<u>he return of capital that occ</u>	urred throughout		
		the 2021 tax	able year.		•			
			-					
15	Describe the quantita	ative effect of the orac	nizational act	tion on the basis of the sec	urity in the hands of a U.S. taxpay	er as an adjustment per		
15		tage of old basis \blacktriangleright (unity in the hands of a 0.5. taxpay	er as an aujustment per		
	share of as a percent		1.07559 pe	r unit				
						e		
16		-	asis and the	data that supports the calc	ulation, such as the market values	of securities and the		
	valuation dates \blacktriangleright	N/A						
For	Paperwork Reduction	Act Notice, see the	separate Ins	structions.	Cat. No. 37752P	Form 8937 (12-2017		

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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