## 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	art I Reporting	Issuer								
1	Issuer's name				2 Is	suer's employer identification number (EIN)				
	CI Select 80i20e N	Managed Portfolio		N/A						
3	Name of contact for additional information 4			Telephone No. of contact		nail address of contact				
	Duarte Boucinha			416-681-1752		dboucinha@ci.com				
6	6 Number and street (or P.O. box if mail is not			delivered to street address) of contact		7 City, town, or post office, state, and ZIP code of contact				
	2 Queen Street Ea	ast, 20th Floor				Toronto, Ontario, M5C 3G7				
8	Date of action		9 Classification and description		-					
	Tax Year 2021			Non-taxable dist		tribution				
10	CUSIP number	11 Serial number(	s)	12 Ticker symbol	<b>13</b> Ad	ccount number(s)				
	N/A	N/A	L	N/A		N/A				
P	art II Organizatio	onal Action Attac	h additiona	al statements if needed.	See back of fo	orm for additional questions.				
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.									
						capital that occurred throughout				
		the 2021 tax	-			1 9				
15	Describe the quantitates share or as a percentar		urity in the hand	ds of a U.S. taxpayer as an adjustment per						
_										
_										
16	Describe the calculativaluation dates ►	on of the change in ${ m k}$ ${ m N/A}$	asis and the	data that supports the calc	ulation, such as	s the market values of securities and the				
_										

47		and the black of the second of		. 4 4 1 - 1	IDC
<b>17</b> Li	ist the	applicable Internal Revenue Code section	(s) and subsection(s) upon which the tax	treatment is based ▶	
					312 and 316
1 <b>8</b> C	an anv	resulting loss be recognized? ► N/A	Λ		
	an any				
1 <b>9</b> 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		<del>-16</del> ,			
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