► See separate instructions.

Ρ	art Reporting	issuer						
1	Issuer's name		2 Issuer's employer ic	2 Issuer's employer identification number (EIN)				
	CI Select Income	Managed Corpor	N/A	N/A				
3	Name of contact for add	ditional information	4 Telephor	e No. of contact	5 Email address of cont	act		
Duarte Boucinha			416	-681-1752	dboucinha@ci.co	dboucinha@ci.com		
6 Number and street (or P.O. box if mail is not delive				street address) of contact	7 City, town, or post office	7 City, town, or post office, state, and ZIP code of contact		
	15 York Street, 2nd floor				Toronto, Ont	Toronto, Ontario, M5J 0A3		
8	Date of action		9 Class	sification and description				
	Tax Year 2022			Non-taxable di	stribution	ibution		
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)			
	NT/A			NI/A	NI/A			
Pa	N/A art II Organizatio	N/A		N/A	N/A e back of form for additional	questions.		
14					e against which shareholders' or			
	the action ►				olders throughout the 202			
					return of capital that occu			
		the 2022 tax	-		focum of cupital that occ			
			<u>abie jeun</u>					
15	Describe the quantitat	tive effect of the ora:	inizational ac	tion on the basis of the securit	ty in the hands of a U.S. taxpaye	er as an adjustment ner		
15	share or as a percenta					as an adjustment per		
			0.03017 pe					
16			asis and the	data that supports the calcula	tion, such as the market values	of securities and the		
	valuation dates	N/A						
Ferr	Donomuork Doduction	Act Notice and the	oonorete les	tructiono	0-4 No. 07750D	Form 8937 (12-2017)		
гor	Paperwork Reduction	ACLINUTICE, SEE THE	separate ins	su ucuons.	Cat. No. 37752P	Form 0301 (12-2017)		

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Pa	rt II	Organizational Action (continued)						
17		applicable Internal Revenue Code section(s) and subsection(s) upon which the tax to	reatment is based ▶	►				
				312 and 316				
18	Can an	resulting loss be recognized? \blacktriangleright N/A						
40			1. I	N/A				
19	Provide	any other information necessary to implement the adjustment, such as the reportab	le tax year ►	IN/Λ				
	Und	r penalties of perjury, I declare that I have examined this return, including accompanying sche	dules and statements	, and to the best of my knowledge and				
<u>.</u>		it is true, correct, and complete. Declaration of preparer (other than officer) is based on all infor	mation of which prepa	arer has any knowledge.				
Sigr Her	<u> </u>		Date March 31, 2022					
	Sign							
	Print	your name Darie Urbanky	Title President	and Chief Operating Officer				
Pai		Print/Type preparer's name Preparer's signature	Date	Check if PTIN				
	a parer			self-employed				
	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