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	lssuer									
1	Issuer's name		2 Issuer's employer identification number (EIN) $N/A \label{eq:N/A}$								
	Select Income N	Managed Corpo									
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5 Email address of contact						
	Duarte Boucinha			-1752	dboucinha@ci.com						
6	6 Number and street (or P.O. box if mail is not de			street address) of contact	7 City, town, or post office, state, and ZIP code of contact						
	2 Queen Street	East, 20th Floo	or		Toronto, Ontario, M5C 3G7						
8	Date of action		9 Classification and description								
	Tax Year 2017			Non-taxable di	distribution						
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)						
	N/A	N/A		N/A	N/A						
P			h additional		ee back of form for additional questions.						
					<u> </u>						
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 2017										
	taxation year. See question 15 for per unit information of the return of capital										
	that occurred throughout the 2017 taxable year.										
					<u> </u>						
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15	Describe the quantitat share or as a percenta				rity in the hands of a U.S. taxpayer as an adjustment per						
_											
16	Describe the calculation valuation dates ►	on of the change in ${ m N}/{ m A}$	easis and the	data that supports the calcu	ulation, such as the market values of securities and the						
_											

Par	t II	С	rganizational Action (contin	nued)			, ,
17	List t	the a	pplicable Internal Revenue Code s	ection(s) and subsection(s) upon which	the tax treatment	is based ▶	IRC section 301(c)(2), 312 and 316
18	Can	any	resulting loss be recognized? ► _	N/A			
							NI / A
19	Provi	ide a	iny other information necessary to	implement the adjustment, such as the	e reportable tax ye	ar ▶	N/A
	Uı	nder	penalties of periury. I declare that I have	re examined this return, including accompar	nving schedules and	statements.	and to the best of my knowledge and
				ation of preparer (other than officer) is based			
Sigr Here	~ I	ianat			Data N	Jan 19,	2018
		_	David Pauli			EVP	
			our name ► David Pauli Print/Type preparer's name	Preparer's signature	Title ► Date	EVF	OL L D : PTIN
Paid			Time Type preparer Strame	Troparor o orginaturo	Date		Check if self-employed
Pre			Firm's name				Firm's EIN ▶
Use	. Un	עיי ר	Firm's address ►				Phone no.
Send	Form			ents) to: Department of the Treasury, li	nternal Revenue S	ervice, Ogd	