► See separate instructions.

P	art Reporting	ssuer								
1	Issuer's name				2	Issuer's employer identification number (EIN)				
	Select 80i20e M	anaged Portfo		N/A						
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5	5 Email address of contact				
	Duarte Boucinh	a	416-681	1-1752	d	dboucinha@ci.com				
6	Number and street (or F	P.O. box if mail is not	delivered to s	street address) of contact	7	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 2016		Non-taxable distri			ibution				
10	CUSIP number	11 Serial number	s)	12 Ticker symbol	13	Account number(s)				
	N/A	N/A		N/A		N/A				
Pa			ch additional		See back o	of form for additional questions.				
14						which shareholders' ownership is measured for				
••	the action ►				-	olders throughout the 2016				
taxation year. See question 15 for per unit information of the return of capita										
		that occur	red throug	<u>ghout the 2016 taxal</u>	<u>ble year</u>					
15	Describe the quantitat share or as a percenta				urity in the h	nands of a U.S. taxpayer as an adjustment per				
16	Describe the calculation valuation dates ►	on of the change in $k N / A$	basis and the o	data that supports the calcu	ulation, suc	h as the market values of securities and the				

Form 8937	(Rev.	12-2011)
-----------	-------	----------

Pa	tll	Organiza	ational Ac	tion (con	tinued)								
17						and subs	section(s)	upon wh	ch the tax	treatment	is based I	IRC sect 312 and	tion 301(c)(2), 316
			·										
18	Can an	ny resulting l	oss be recog	gnized? ►	N/A	L							
19	Provide	e anv other i	information n	acassany ti	o implem	ont the adi	ustment	such as t	he report:	ahla tay va	ar 🕨	N/A	
15	TIOVIU	e any other i	mormation n	iecessary to		ent the auj	ustinent,	Such as		able lax ye	ai 🕨	11/11	
												and to the bes arer has any kno	t of my knowledge and
0:		ei, it is true, co			aration of p	reparer (otri	er than on	cer) is bas	eu on an in	Iornation of	which prepa	arer has any kno	Jwiedge.
Sigr Her				/		_					16/2	/2017	
	Signature ►					_ Date ►	10/2	/ 201/					
	Drimi		our name David Pauli						Title ►	EVP			
		Print/Type	preparer's nan	ne		Preparer's s	ignature			Date		Chock	PTIN
Paie	a parer											Check if self-employed	
	e Only		ie 🕨		I					· · · · · · · · · · · · · · · · · · ·		Firm's EIN ►	
	y												

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054

Firm's address ►