► See separate instructions.

| Р                               | arti Reporting                                | Issuer                       |              |                                                 |                  |                                                            |  |  |
|---------------------------------|-----------------------------------------------|------------------------------|--------------|-------------------------------------------------|------------------|------------------------------------------------------------|--|--|
| 1                               | Issuer's name                                 |                              | 2            | 2 Issuer's employer identification number (EIN) |                  |                                                            |  |  |
|                                 | Portfolio Series                              | Balanced Gro                 | wth Fund     | (FT8)                                           |                  | N/A                                                        |  |  |
| 3                               | Name of contact for add                       | ditional information         | 4 Telephor   | ne No. of contact                               | 5                | 5 Email address of contact                                 |  |  |
|                                 | Duarte Boucinh                                | a                            | 416-68       | 1-1752                                          | d                | boucinha@ci.com                                            |  |  |
| 6                               | Number and street (or F                       | P.O. box if mail is not      | delivered to | ered to street address) of contact              |                  | City, town, or post office, state, and Zip code of contact |  |  |
| 2 Queen Street East, 20th Floor |                                               |                              | or           | r                                               |                  | Toronto, Ontario, M5C 3G7                                  |  |  |
| 8                               | Date of action                                |                              | 9 Class      | sification and description                      |                  |                                                            |  |  |
|                                 | Tax Year 2015                                 |                              |              | Non-taxable distribution                        |                  | on.                                                        |  |  |
| 10                              | CUSIP number                                  | <b>11</b> Serial number(     | s)           | 12 Ticker symbol                                |                  | Account number(s)                                          |  |  |
|                                 |                                               |                              | ,            |                                                 |                  |                                                            |  |  |
| D,                              | N/A<br>art II Organizatio                     | N/A                          | h additiona  | N/A                                             | See beek a       | N/A<br>of form for additional questions.                   |  |  |
|                                 |                                               |                              |              |                                                 |                  | which shareholders' ownership is measured for              |  |  |
| 14                              | the action ►                                  |                              |              |                                                 | -                | olders throughout the 2015                                 |  |  |
|                                 |                                               |                              |              |                                                 |                  | 0                                                          |  |  |
|                                 |                                               | •                            | 1            | ghout the 2015 tax:                             |                  | mation of the return of capital                            |  |  |
|                                 |                                               | that occur                   |              | gnout the 2015 tax:                             | <u>able year</u> |                                                            |  |  |
|                                 |                                               |                              |              |                                                 |                  |                                                            |  |  |
|                                 |                                               |                              |              |                                                 |                  |                                                            |  |  |
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|                                 |                                               |                              |              |                                                 |                  |                                                            |  |  |
|                                 |                                               |                              |              |                                                 |                  |                                                            |  |  |
| 15                              | Describe the quantitat share or as a percenta |                              |              |                                                 | curity in the h  | nands of a U.S. taxpayer as an adjustment per              |  |  |
|                                 |                                               |                              |              |                                                 |                  |                                                            |  |  |
|                                 |                                               |                              |              |                                                 |                  |                                                            |  |  |
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|                                 |                                               |                              |              |                                                 |                  |                                                            |  |  |
|                                 |                                               |                              |              |                                                 |                  |                                                            |  |  |
| 16                              | Describe the calculati valuation dates ►      | on of the change in b<br>N/A | asis and the | data that supports the calc                     | culation, suc    | h as the market values of securities and the               |  |  |
|                                 |                                               |                              |              |                                                 |                  |                                                            |  |  |
|                                 |                                               |                              |              |                                                 |                  |                                                            |  |  |
|                                 |                                               |                              |              |                                                 |                  |                                                            |  |  |
|                                 |                                               |                              |              |                                                 |                  |                                                            |  |  |
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|                                 |                                               |                              |              |                                                 |                  |                                                            |  |  |
|                                 | <b>_</b>                                      | A                            |              |                                                 |                  | - 0027 //                                                  |  |  |
| ror                             | Paperwork Reduction                           | ACT NOTICE, see the          | separate ins | structions.                                     | Cat. N           | o. 37752P Form <b>8937</b> (12-201                         |  |  |

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

| Pa       | t II          | Organizational Action (continued)                                   |                                                      |                       |                                                 |
|----------|---------------|---------------------------------------------------------------------|------------------------------------------------------|-----------------------|-------------------------------------------------|
| 17       | List the      | applicable Internal Revenue Code section(                           | s) and subsection(s) upon which the tax tre          | eatment is based Ⅰ    | • I <u>RC section 301(c)(2),</u><br>312 and 316 |
|          |               |                                                                     |                                                      |                       |                                                 |
|          |               |                                                                     |                                                      |                       |                                                 |
|          |               |                                                                     |                                                      |                       |                                                 |
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|          |               |                                                                     |                                                      |                       |                                                 |
|          |               |                                                                     |                                                      |                       |                                                 |
| 18       | Can an        | $\prime$ resulting loss be recognized? $\blacktriangleright$ _ N/ A | A                                                    |                       |                                                 |
|          |               |                                                                     |                                                      |                       |                                                 |
|          |               |                                                                     |                                                      |                       |                                                 |
|          |               |                                                                     |                                                      |                       |                                                 |
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|          |               |                                                                     |                                                      |                       |                                                 |
|          |               |                                                                     |                                                      |                       |                                                 |
| 19       | Provide       | any other information necessary to implem                           | nent the adjustment, such as the reportable          | e tax year ►          | N/A                                             |
|          |               | · · · ·                                                             |                                                      |                       |                                                 |
|          |               |                                                                     |                                                      |                       |                                                 |
|          |               |                                                                     |                                                      |                       |                                                 |
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|          |               |                                                                     |                                                      |                       |                                                 |
|          |               |                                                                     |                                                      |                       |                                                 |
|          | Linde         | r penalties of perjury, I declare that I have exami                 | ined this return including accompanying schedu       | ules and statements   | and to the best of my knowledge, and            |
|          | belie         | , it is true, correct, and complete. Declaration of                 | preparer (other than officer) is based on all inform | nation of which prepa | arer has any knowledge.                         |
| Sigr     |               | ΛηΛ                                                                 |                                                      |                       |                                                 |
| Her      | e Signature ► |                                                                     |                                                      | Date▶ 11/26           | /2015                                           |
|          |               | David Pauli                                                         |                                                      | Title▶ COO            |                                                 |
| <u> </u> |               | your name ► David Pauli<br>Print/Type preparer's name               | Preparer's signature                                 | Title► COO<br>Date    | Ohanta III if PTIN                              |
| Paie     | d<br>parer    |                                                                     | -                                                    |                       | Check if self-employed                          |
|          | e Only        | Firm's name                                                         |                                                      |                       | Firm's EIN ►                                    |
| -        |               | 1                                                                   |                                                      |                       | 1                                               |

| Send Form 8937 (including accompanyi | ng statements) to: Department of the Treas | sury, Internal Revenue Service, Ogden, UT 84201-0054 |
|--------------------------------------|--------------------------------------------|------------------------------------------------------|
|                                      |                                            |                                                      |

Phone no.

Firm's address ►