See separate instructions.

Part Reporting Issuer

1	Issuer's name		2 Issuer's employer identification number (EIN)				
	Portfolio Series Income Fund (F)				N/A		
3	Name of contact for add		()	e No. of contact	5 Email address of contact		
	Duarte Boucinh	a	416-681	1-1752	dboucinha@ci.com		
6	Number and street (or P	P.O. box if mail is not	delivered to s	street address) of contact	7 City, town, or post office, state, and Zip code of contact		
	2 Queen Street East, 20th Floor				Toronto, Ontario, M5C 3G7		
8	Date of action		9 Class	sification and description			
	Tax Year 2015			Non-taxable distri	bution		
10	CUSIP number	11 Serial number(s	.)	12 Ticker symbol	13 Account number(s)		
	NT / A						
Ð	N/A art II Organizatio	N/A	h additiona	N/A	N/A back of form for additional questions.		
14					•		
14	the action ►	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 2015					
					information of the return of capital		
		that occurr	ghout the 2015 taxable	year.			
15	Describe the quantitat	tive effect of the orga	nizational act	tion on the basis of the security i	n the hands of a U.S. taxpayer as an adjustment per		
	share or as a percenta	-			······································		
			-				
16	Describe the calculation valuation dates ►	on of the change in b $\mathrm{N/A}$	asis and the	data that supports the calculatio	n, such as the market values of securities and the		

For Paperwork Reduction Act Notice, see the separate Instructions.

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> 312 and 316
18	Can an	\prime resulting loss be recognized? \blacktriangleright _ N/ A	A		
19	Provide	any other information necessary to implem	nent the adjustment, such as the reportable	e tax year ►	N/A
		· · · ·			
	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		ΛΛΛ			
Her	Signature >			Date▶ 11/26	/2015
		David Pauli			
<u> </u>		your name ► David Pauli Print/Type preparer's name	Preparer's signature	Title▶ COO Date	Ohanta III if PTIN
Paie	d 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 ►