

#### Mail to: Calamos Family of Funds

c/o U.S. Bancorp Fund Services, LLC P. O. Box 701 Milwaukee, WI 53201-0701

Overnight mail to: Calamos Family of Funds

c/o U.S. Bancorp Fund Services, LLC 615 E. Michigan St., 3rd Floor Milwaukee, WI 53202-5207

To complete this application, you will need:

- » Social Security Numbers for all registered holders
- » Signatures of any co-owners
- » A voided check for automatic investing (if applicable) » A copy of your trust documents (if applicable)
- » Permanent street addresses for all registered holders » A copy of your corporate documents (if applicable)

		or your initial investment payab	le to » Date of birth of all I		
Please print. If you have any question (Hours: Monday-Friday, 8:00 a.m. to		oplication, call a Customer Se	ervice Representative at 800.582	.6959	
1. YOUR ACCOUNT TYPE Choose only one account type.	□ Individual □ Trust	☐ Joint ☐ Corporation	☐ Gift/Transfer to Minor☐ Government Entity/Affilia	ate of Government I	Entity
Choose only one account type.	verify, and record the form an account: full name, Trust and other entity your true identity. We wadditional information identity, the Fund reser	ollowing information for all r, date of birth, Social Secu y accounts require additio will return your application if from you for verification purves the right to redeem your alamos accounts.	ial institutions (including mutual registered owners or others who irity Number, and permanent anal documentation. This information is missin poses. In the rare event that we raccount at the current day's negative.	may be author street address mation will be u g, and we may are unable to ve	ized to act on c. Corporate, used to verify request
2. OWNERSHIP INFORMATION	A. OWNER	with Calamos Family of Funds.			
	First Name of Owner	M.I.	Last Name		
	Date of Birth (MMM/DD/VVVV	V) Social Socurity Numb	er E-mail Address*		
This section must be completed.	PERMANENT STREET ADDI	,	er c-man Address		
Your permanent address cannot be a P.O. Box. Note: Your permanent address must be within the United States, an APO/FPO or in a U.S. territory to open an account.	Street Address				Apt./Suite #
a o.s. territory to open an account.	City			Ctata	Zip Code
	City			State	Zip Code
	Business Telephone	Ext.	Home Telephone		I
If your mailing address is different from your permanent street address, indicate here.	ACCOUNT MAILING ADDR	ESS			
	Street Address				Apt./Suite #
	City			State	Zip Code
	Business Telephone	Ext.	Home Telephone		

# 2. OWNERSHIP INFORMATION (CONTINUED)

Unless otherwise indicated, each account with multiple owners is deemed to be made in joint tenancy with right of survivorship except where that term of ownership is not recognized under applicable law.

Your permanent address cannot be a P.O. Box. Note: Your permanent address must be within the United States, an APO/FPO or in a U.S. territory to open an account.

By law, only one person is allowed to be the custodian

### B. JOINT OWNER (IF APPLICABLE)

State where Minor, Donor or Custodian Resides

. JOHN OWNER (II ATTECABLE)				
First Name of Owner	M.I. La	ast Name		
Date of Birth (MM/DD/YYYY)	ocial Security Number	E-mail Address*		
ACCOUNT MAILING ADDRESS OF JOINT	OWNER (IF DIFFERENT	FROM OWNER'S ADDRESS)		
Street Address				Apt./Suite #
City			State	Zip Code
Business Telephone	Ext.	Home Telephone		
C. GIFT/TRANSFER TO MINOR CUSTODIAN				
First Name of Custodian	M.I. La	st Name		
Date of Birth (MM/DD/YYYY)	Social Secu	urity Number		
AS CUSTODIAN FOR:				
Minor's First Name	M.I. La	st Name		
Minor's Date of Birth (MM/DD/YYYY)	Minor's Soc	cial Security Number		
UNIFORM GIFTS/TRANSFERS TO MINORS	S ACT:			

### 2. OWNERSHIP INFORMATION (CONTINUED)

This section must be completed.

Your permanent address cannot be a P.O. Box. Note: Your permanent address must be within the United States, an APO/FPO or in a U.S. territory to open an account.

If your mailing address is different from your permanent street address, indicate here.

here.'

You must supply documentation to substantiate existence of your organization and your authority to open an account i.e., Articles of Incorporation/ Formation/ Organization, Trust Agreements, Partnership Agreement, Certified Resolution, or other official documents.

Note: Your permanent address must be within the United States, an APO/FPO or in a U.S. territory to open an account.

PERMANENT STRE	ET ADDRESS	OF OWNER
PERIVIAINEINI SIRI	EEI ADDRESS	OF OWNER

Street Address				Apt./Suite #
City			State	Zip Code
Business Telephone	Ext.	Home Telephone		
ACCOUNT MAILING ADDRESS				
Street Address				Apt./Suite #
City			State	Zip Code
Business Telephone	Ext.	Home Telephone		

#### D. CORPORATION OR TRUST

or com our more on most				
□ Corporation				
□ Partnership				
☐ Trust Agreement Date				
(MM/DD/YYYY)				
☐ Other (Specify)				
Name of Corporation, Entity or Trust		Tax Identifica	tion Number	
Trustees (if applicable)				
Street Address				Apt./Suite #
City			State	Zip Code
Puringer Talanhana	Ev+	Homo Tolonhono		

### 3. COST BASIS METHOD

The Cost Basis Method you elect applies to all covered shares acquired from January 1, 2012 forward and to all identically registered existing and future accounts you may establish, unless otherwise noted. The Cost Basis Method you select will determine the order in which shares are redeemed and how your cost basis information is calculated and subsequently reported to you and to the Internal Revenue Service (IRS). Please consult your tax advisor to determine which Cost Basis Method best suits your specific situation. If you do not elect a Cost Basis Method, your account will default to Average Cost.

# 3. COST BASIS METHOD (CONTINUED)

#### Primary Method (Select only one) Average Cost — averages the purchase price of acquired shares First in, First Out — oldest shares are redeemed first Last in, First Out — newest shares are redeemed first Low Cost — least expensive shares are redeemed first High Cost — most expensive shares are redeemed first Loss/Gain Utilization — depletes shares with losses prior to shares with gains and short-term shares prior to long-term shares Specific Lot Identification — you must specify the share lots to be sold at the time of a redemption (This method requires you elect a Secondary Method below, which will be used for systematic redemptions and in the event the lots you designate for a redemption are unavailable.) Secondary Method (Select only one) ☐ First in, First Out ☐ Last in, First Out ☐ Low Cost ☐ High Cost ☐ Loss/Gain Utilization Note: If a Secondary Method is not elected, First In, First Out will be used.

#### 4. INITIAL INVESTMENT

Please indicate your choice of Fund(s) and the amount of initial investment:

Minimum Investment: \$2,500 per fund. Subsequent Investments: \$50 per fund account.

Please review the prospectus carefully before submitting any purchase requests. If you have any questions, please call a customer service representative at 800.582.6959.

SELECT FUNDS	SELECT SHARE CLASS				INITIAL INVESTMENT
$\Box$ Growth	□A (606)	*B(613)	□C (620)	\$	
□Growth and Income	□A (604)	*B(611)	□C (618)	\$	
□Discovery Growth	□A (1975)	*B(1976)	□C (1977)	\$	
□Opportunistic Value	□A (634)	*B(635)	□C (636)	\$	
□Focus Growth	□A (641)	*B(642)	□C (643)	\$	
□Dividend Growth	□A (1982)		□C (1983)	\$	
☐Mid Cap Growth	□A (2109)		□C (2110)	\$	
□Global Growth and Income	□A (607)	*B(614)	□C (621)	\$	
□International Growth	□A (645)	*B(646)	□C (647)	\$	
□Global Equity	□A (1913)	*B(1914)	□C (1915)	\$	
□Evolving World Growth	□A (1952)	*B(1953)	□C (1954)	\$	
□Emerging Market Equity	□A (2347)		□C (2348)	\$	
□Convertible	□A (603)	*B(610)	□C (617)	\$	
□Global Convertible	□A (2971)		□C (2972)	\$	
☐Market Neutral Income	□A (605)	*B(612)	□C (619)	\$	
☐Hedged Equity Income	□A (2977)		□C (2978)	\$	
☐ Phineus Long/Short	□ A (5084)		□ C (5085)	\$	
□Long/Short	□A (1947)		□C (1948)	\$	
□High Income	□A (608)	*B(615)	□C (622)	\$	
□Total Return Bond	□A (1929)	*B(1930)	□C (1931)	\$	
□Fidelity Investments Money Market Treasury Portfolio	□A (5141)			\$	

Purchased by	: 1. Check for \$		mac	de payable	to Calamos Funds
OR: 2. Wire	\$	on		from	
		_	Date (MM/DD/YYYY)		Name of Bank

For wire instructions: Call 800.582.6959

<sup>\*</sup>As of July 31, 2009, Class B Shares are closed to new investments and new Class B share accounts can only be established via exchange or transfer from existing Class B share accounts. Please see the prospectus for more information.

#### **5. SPECIAL SERVICES**

All distributions will be reinvested in additional shares unless indicated otherwise.

As of July 31, 2009, Class B Shares are closed to new investments. Please see the prospectus for more information.

#### Pay each dividend by:

Pay each dividend by: 

Check Direct Deposit\*

Pay each capital gain distribution by: 
Check Direct Deposit\*

\*An unsigned, voided check or savings account deposit slip is required with your application.

A. DIVIDEND AND CAPITAL GAIN DISTRIBUTION

#### **B. AUTOMATIC INVESTMENT PLAN**

U.S. Bancorp Fund Services LLC, transfer agent for the Calamos Family of Funds, can automatically transfer a minimum of \$50 per fund account regularly from your checking or savings account. You will be assessed a \$25 fee if the automatic purchase cannot be made due to insufficient funds, stop payment or any other reason.

□ Monthly □ Quarterly □ Semi-Annually □ Annually

FUND NAME	,	AMOUNT TO INVEST	(OR O	'HICH DAY ( N THE FIRS EAFTER)	OF THE MONTH T BUSINESS DAY
Name(s) on Bank Account					
Bank Name					
Account Number		Bank Routing Number/ABA			
Bank Address					
Bank Address					
City				State	Zip Code
					·
Signature of Bank Account Owner		Date (MM/DD/YYYY)			
Signature of Joint Bank Account Owner (if applicable)		Date (MM/DD/YYYY)			
Signature of south battle Account Owner (it applicable)		Date (WIIVI/DD/ 1 1 1 1 /			

Note: Any co-signer of a checking or savings account who is not a joint owner of the Funds must authorize these services by signing below.

Unless you indicate otherwise, you will have telephone privileges and all checks will be sent to the address of record.

#### C. TELEPHONE PURCHASE, REDEMPTION AND EXCHANGE PRIVILEGES

☐ I do not want telephone PURCHASE privileges.
 ☐ I do not want telephone REDEMPTION privileges.
 ☐ I do not want telephone EXCHANGE privileges.

Redemptions will be made payable to the registered owner(s), and sent to the registered owner(s) as indicated below. Proceeds from shares redeemed by telephone are limited to \$50,000 maximum per day. Persons having your account information may be able to act on your behalf.

☐ I authorize U.S. Bancorp Fund Services, LLC to electronically CHARGE my bank account for future purchases requested by telephone.\*

☐ I authorize U.S. Bancorp Fund Services, LLC to electronically DEPOSIT funds to my bank account for shares redeemed by telephone.\*

\*An unsigned, voided check or savings account deposit slip is required with your application.

## 5. SPECIAL SERVICES (CONTINUED) Name(s) on Bank Account Bank Name Account Number Bank Routing Number/ABA Bank Address City State Zip Code Х Note: Any co-signer of a checking or Signature of Bank Account Owner Date (MM/DD/YYYY) savings account who is not a joint owner of the Funds must authorize these services by signing below. X Signature of Joint Bank Account Owner (if applicable) Date (MM/DD/YYYY) If you have elected direct deposit of your dividends, automatic investing or direct deposit of redemptions, you must attach a voided check or savings deposit slip. D. BANK SERVICES Tape your voided check or savings deposit slip here. Please do not staple. E. LETTER OF INTENT 🗆 I agree to the Letter of Intent Provisions set forth in The Statement of Additional Information. Although I am not obligated to do so, it is my intention to invest over a 13-month period from the date of original purchase of shares in the Calamos Growth Fund, Calamos Growth and Income Fund, Calamos Discovery Growth Fund, Calamos Opportunistic Value Fund, Calamos Focus Growth Fund, Calamos Global Growth and Income Fund, Calamos International Growth Fund, Calamos Global Equity Fund, Calamos Evolving World Growth Fund, Calamos Convertible Fund, Calamos Global Convertible Fund, Calamos Market Neutral Income Fund, Calamos Hedged Equity Income Fund, Calamos Phineus Long/Short Fund, Calamos Long/Short Fund, Calamos High Income Fund, and/or Calamos Total Return Bond Fund in an aggregate amount at least equal to: Please review the prospectus carefully before submitting any purchase requests. If you have any questions, please call a customer service representative at 800.582.6959.

□\$50,000 □\$100,000 □\$250,000 □\$500,000 □\$1,000,000

5. SPECIAL SERVICES	I plan to invest approximately the follo	hese funds:				
(CONTINUED)	FUND NAME	ACCOUNT NUMB	ER	AMOUNT T	O INVEST	
	F. RIGHTS OF ACCUMULATION					
This does not apply to Class B or Class I Shares.	☐ I qualify for the cumulative quantity Calamos Family of Funds are as follo	discount described ows:	d in the prospectus. N	ly other acc	ounts wit	hin the
	FUND NAME	ACCOUNT NUMBE	R	ACCOUNT NA	4ME	
6. DEALER/INVESTMENT						
ADVISER (TO BE COMPLETED BY THE DEALER/ADVISER IF	Dealer/Adviser/Firm Name		Dealer Number (optional)			
APPLICABLE)						
16	Branch		Branch Number			
If your purchase of the Fund(s) was recommended by a dealer/adviser, please complete this section.	branch		branch Number			
complete this section.						
	Representative's First and Last Name		Representative Number			
	Address				Suite/Flo	or/Department
	City				Ctata	Zip Code
	City				State	71h Code
	Branch Telephone	Ext.				

#### 7. SIGNATURE AND CERTIFICATION

You and any joint owners must sign this application before mailing it.

By signing this form, I consent to the "householded" delivery of any fund prospectus, shareholder report and other documents (other than transaction confirmations or account statements) that I must legally receive.

This means that I and any other fund shareholder residing at my address believed by the Fund to be a member of my family will only receive a single prospectus/report at our address. This will not affect the delivery of my account statements or transaction confirmations.

☐ Please check here if you do NOT consent to "householding" so each fund shareholder at your address will receive their own prospectus/report in the future.

I affirm that I have received a current prospectus of the Fund applied for and I agree to be bound by its terms. I certify that I have full authority and legal capacity to purchase shares of the Fund and to establish and use any related Privileges. I understand that the Telephone Redemption and Exchange Privileges will apply to my account unless I have specifically declined those Privileges in Section 5.C. of this application.

I understand that by signing the application, unless the Privileges are declined, I agree that neither the Funds nor their Transfer Agent, their agents, officers, trustees, directors or employees will be liable for any loss, liability or expense for acting on instructions given under the Privileges, placing the risk of loss on me. See the discussion of Telephone Privileges in the prospectus.

I authorize the firm/registered representative listed in Section 6 of this application to have access to my account and to act on my behalf with respect to my account.

I certify, under penalties of perjury, that (a) all information and certifications on the application are true and correct, including the Social Security or other tax identification number provided in Section 2 (Ownership Information) or, if none is shown, I certify that I have not been issued a number but have applied for one and (b) I am not subject to backup withholding as a result of either being exempt from backup withholding, not being notified by the IRS of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. (Note: you must draw a line through clause (b) of the preceding sentence if you have been notified by the IRS that you are currently subject to backup withholding due to a failure to report all interest and dividends.) I further certify that I am a U.S. Citizen (including a U.S. Resident Alien) and that I am exempt from FATCA reporting. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. I agree that the Fund and its transfer agent may redeem shares and retain the proceeds from any of my account(s) with the Fund up to a total of (a) any IRS penalties attributable to my failure to provide either the Fund or its transfer agent with correct and complete information requested by them and (b) any tax not withheld from distributions to me which should have been withheld by them.

Your mutual fund account may be transferred to your state of residence if no activity occurs with your account during the inactivity period specified in your State's abandoned property laws.

Signatures must be exactly as name(s) appear in Section 2 (Ownership Information). If your account is the account of an individual, the individual should sign; if joint owners, all should sign; if a custodian for a minor, the custodian should sign; if a corporation or other organization, an officer should sign (indicating corporate office or title); if a trust or other fiduciary, the trustee or fiduciaries should sign (including capacity).

X	
Individual Owner Signature	Date (MM/DD/YYYY)
X	
Joint Owner Signature (if applicable)	Date (MM/DD/YYYY)
X	
Custodian Signature	Date (MM/DD/YYYY)
X	
Officer, Trustee Signature, etc.	Date (MM/DD/YYYY)
Title of Officer, Trustee, etc.	Date (MM/DD/YYYY)



Calamos Financial Services LLC, Distributor
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