I Share Application

CALAMOS®

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:

- Tax Identification Number
- Permanent street address
- Signature(s) of Officer or Trustee
- A copy of your trust documents (if applicable)
- A copy of your corporate documents (if applicable)

Please print. If you have any questions about completing this application, call a Customer Service Representative at 800.582.6959 (Hours: Monday-Friday, 8:00 a.m. to 6:00 p.m. Central time).

1. OWNERSHIP INFORMATION

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)

☐ Corporation
☐ Partnership
☐ Trust: Trust Agreement Date _____ (MM/DD/YYYY)
☐ Government Entity/Affiliate of Government Entity
☐ Other (Specify) _____

Name of Corporation, Entity or Trust

Tax Identification Number

Trustees (if applicable)

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.

PERMANENT STREET ADDRESS OF OWNER

Street Address

Apt./Suite #

City

State

Zip Code

Business Telephone

Ext.

Home Telephone

Email

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

ACCOUNT MAILING ADDRESS

Street Address

Apt./Suite #

City

State

Zip Code

Business Telephone

Ext.

Home Telephone

Email

I Share Application

1. OWNERSHIP INFORMATION (CONTINUED)

In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify, and record the following information for all registered owners or others who may be authorized to act on an account: **full name, date of birth, Social Security Number, and permanent street address. Corporate, Trust and other entity accounts require additional documentation.** This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account at the current day's net asset value.

☐ I/We already have other Calamos accounts.

☐ This is my/our first account with Calamos Family of Funds.

2. 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 sebsequently 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.

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.

3. INITIAL INVESTMENT

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

The minimum initial investment is $1 million.

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	SHARE CLASS	MINIMUM INITIAL INVESTMENT
☐ Growth	☐ I (630)	$
☐ Growth and Income	☐ I (628)	$
☐ Discovery Growth	☐ I (1978)	$
☐ Opportunistic Value	☐ I (637)	$
☐ Focus Growth	☐ I (644)	$
☐ Dividend Growth	☐ I (2023)	$
☐ Mid Cap Growth	☐ I (2211)	$
☐ Global Growth and Income	☐ I (631)	$
☐ International Growth	☐ I (648)	$
☐ Global Equity	☐ I (1916)	$
☐ Evolving World Growth	☐ I (1955)	$
☐ Emerging Market Equity	☐ I (2349)	$
☐ Convertible	☐ I (627)	$
☐ Global Convertible	☐ I (2973)	$
☐ Market Neutral Income	☐ I (629)	$
☐ Hedged Equity Income	☐ I (2979)	$
☐ Long/Short	☐ I (1957)	$
☐ High Income	☐ I (632)	$
☐ Total Return Bond	☐ I (1932)	$
☐ Fidelity Prime Money Market	☐ I (1973)	$

3. INITIAL INVESTMENT (CONTINUED)

Purchased by: 1. Check for $ _____ made payable to Calamos Funds

OR: 2. Wire $ _____ on _____ from _____

Date (MM/DD/YYYY) Name of Bank

For wire instructions: Call 800.582.6959 The Fund confirms each purchase of shares by a written statement mailed to you without issuance of share certificates. Please see the prospectus for wire and/or exchange methods.

4. SPECIAL SERVICES

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

A. DIVIDEND AND CAPITAL DISTRIBUTION

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; please attach to section C.

Unless you indicate otherwise, you will have telephone and wire privileges and all checks will be sent to the address of record. Please note, wire redemption privileges require completion of the information below.

B. TELEPHONE OR WIRE REDEMPTION AND EXCHANGE PRIVILEGES

☐ I do not want telephone REDEMPTION privileges.

☐ I do not want wire REDEMPTION privileges.

☐ I do not want telephone EXCHANGE privileges.

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

Redemptions will be made payable to the registered owner(s), and sent to the registered owner(s) as indicated in section 1. Proceeds from shares redeemed by telephone are limited to $50,000 maximum per day if sent by check. Persons having your account information may be able to act on your behalf.
*An unsigned, voided check or savings account deposit slip is required with your application; please attach to section C.

If you have elected direct deposit of your dividends, or direct deposit of redemptions, you must attach a voided check or savings deposit slip.

C. BANK SERVICES

Name(s) on Bank Account

Bank Name

Account Number

Bank Routing Number/ABA

Bank Address

City

State

Zip Code

Note: Any co-signer of a checking or savings account who is not a owner of this fund account must authorize these services by signing here.

X

Signature of Bank Account Owner

Date (MM/DD/YYYY)

X

Signature of Joint Bank Account Owner (if applicable)

Date (MM/DD/YYYY)

Tape your voided check or savings deposit slip here. Please do not staple.

5. DEALER/INVESTMENT ADVISER (TO BE COMPLETED BY THE DEALER/ADVISER IF APPLICABLE)

If your purchase of the Fund(s) was recommended by a dealer/adviser, please complete this section.

Dealer/Adviser/Firm Name

Dealer Number (optional)

Branch

Branch Number

Representative's First and Last Name

Representative Number

Address

Suite/Floor/Department

City

State

Zip Code

Branch Telephone

Ext.

E-mail

6. SIGNATURE AND CERTIFICATION

All required authorized signers 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 4.B. 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 5 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 1 (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 1 (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

Officer, Trustee Signature, etc.

Date (MM/DD/YYYY)

Title of Officer, Trustee, etc.

Date (MM/DD/YYYY)

CALAMOS®

Calamos Financial Services LLC, Distributor
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