CALAMOS®

Investment strategies for your serious money®

IRA Application

Calamos Financial Services LLC, *distributor*

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:

- Your Social Security Number
- Your permanent street address
- A check for your initial investment payable to Calamos Funds
- A voided check for automatic investing (if applicable)
- Date of birth

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 Your Account Type

Choose only one account type.

Please refer to the IRA Disclosure Statement for eligibility requirements and contribution limits.

☐ Traditional IRA

☐ Rollover IRA (From Rollover IRA to Rollover IRA; OR Direct rollover from employer sponsored plan.)

☐ Roth IRA

☐ SEP IRA (Each employee must complete an IRA Application.)

☐ Simple IRA

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 already have other Calamos accounts.

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

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

2 Type of Contribution

**If no tax year is indicated, we will assume it is for the current tax year.

- ☐ Annual contribution for tax year** ________ (If prior year, must be mailed on or before April 15.)
- ☐ Transfer (assets are a direct transfer from current custodian). Complete and attach IRA Transfer Form.
- ☐ Rollover assets (I had physical receipt of assets for less than 60 days) from previous IRA or employer retirement plan.
- ☐ Direct rollover of assets from my employer sponsored plan (I did not have physical receipt of assets). Please indicate previous account type (please check one):
  - ☐ Corporate ☐ Pension Plan ☐ Profit Sharing Plan ☐ 401(k) ☐ 403 (b)
  - ☐ Other (please specify) ________
- ☐ Conversion of existing Traditional IRA to Roth IRA. (Available only if your Adjusted Gross Income is $100,000 or less.)

3 Ownership Information

A. Owner

First Name ________ M.I. ____ Last Name ________

Date of Birth (MM/DD/YYYY) ________ Social Security Number ________ E-mail Address* ________

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 Address

Street Address ________ Apt./Suite # ____

City ________ State ____ Zip Code ____

Business Telephone ________ Ext. ____ Home Telephone ________

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

Account Mailing Address

Street Address ________ Apt./Suite # ____

City ________ State ____ Zip Code ____

Business Telephone ________ Ext. ____ Home Telephone ________

*By providing your e-mail address, you consent to receive periodic e-mails about Calamos Investments products and services.

3 Ownership Information (continued)

Designation of Beneficiary (attach a separate sheet if necessary).

B. Beneficiary Designation

First Name | M.I. | Last Name

Relationship | Date of Birth (MM/DD/YYYY) | Social Security Number

Contingent beneficiary

First Name | M.I. | Last Name

Relationship | Date of Birth (MM/DD/YYYY) | Social Security Number

Spousal consent:
If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or martial property state, including AZ, CA, ID, LA, NM, NV, TX, WA, WI, or Puerto Rico your spouse must sign below to consent to the beneficiary designation.

x

Signature of Spouse | Date (MM/DD/YYYY)

4 Initial Investment

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

Minimum Investment: $500

Subsequent Investments: $50 per fund account.

*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.

[1] Effective the close of business, January 28, 2011, the Convertible Fund is closed to new investments with limited exceptions as enumerated in the prospectus.

[2] Effective the close of business, January 28, 2011, the Market Neutral Income Fund is closed to most new investments, subject to exceptions enumerated in the prospectus.

[3] Effective the close of business, January 20, 2012, the Growth and Income Fund and Global Growth and Income Fund are closed to most new investments, subject to exceptions enumerated in the prospectus.

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 Fund(s)	Select Share Class			Initial Investment
☐ Growth	☐ A (606)	*B (613)	☐ C (620)	$
☐ Growth and Income[3]	☐ A (604)	*B (611)	☐ C (618)	$
☐ Discovery Growth	☐ A (1975)	*B (1976)	☐ C (1977)	$
☐ Value	☐ A (634)	*B (635)	☐ C (636)	$
☐ Blue Chip	☐ A (641)	*B (642)	☐ C (643)	$
☐ Global Growth and Income[3]	☐ 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)	$
☐ Convertible[1]	☐ A (603)	*B (610)	☐ C (617)	$
☐ Market Neutral Income[2]	☐ A (605)	*B (612)	☐ C (619)	$
☐ High Income	☐ A (608)	*B (615)	☐ C (622)	$
☐ Total Return Bond	☐ A (1929)	*B (1930)	☐ C (1931)	$
☐ Fidelity Prime Money Market	☐ A (1970)			$

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

5 Special Services

A. Dividend and Capital Gain Distribution

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

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.

Note: For tax purposes, direct deposit is only available if you are at least 59½ years old.

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.

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

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Fund Name	Amount to Invest	On which day of the month (or on the first business day thereafter)

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 joint owner of the Funds must authorize these services by signing below.

X

Signature of Bank Account Owner

Date (MM/DD/YYYY)

X

Signature of Joint Bank Account Owner (if applicable)

Date (MM/DD/YYYY)

C. Telephone Purchase and Exchange Privileges

Unless you indicate otherwise, you will have telephone privileges.

- ☐ I do not want telephone PURCHASE privileges.
- ☐ I do not want telephone EXCHANGE privileges.
- ☐ I authorize U.S. Bancorp Fund Services, LLC to electronically CHARGE my bank account for future purchases requested by telephone.*

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

Name(s) on Bank Account

Bank Name

Account Number

Bank Routing Number/ABA

Bank Address

City

State

Zip Code

x

Signature of Bank Account Owner

Date (MM/DD/YYYY)

x

Signature of Joint Bank Account Owner (if applicable)

Date (MM/DD/YYYY)

If you are at least 59½ years old and have elected direct deposit of your dividends, 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

This applies to Class A Shares only.

☐ 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[3], Calamos Discovery Growth Fund, Calamos Value Fund, Calamos Blue Chip Fund, Calamos Global Growth and Income Fund[3], Calamos International Growth Fund, Calamos Global Equity Fund, Calamos Evolving World Growth Fund, Calamos Convertible Fund[1], Calamos Market Neutral Income Fund[2], Calamos High Income Fund, and/or Calamos Total Return Bond Fund in an aggregate amount at least equal to:

[1] Effective the close of business, January 28, 2011, the Convertible Fund is closed to new investments with limited exceptions as enumerated in the prospectuses.

[2] Effective the close of business, January 28, 2011, the Market Neutral Income Fund is closed to most new investments, subject to exceptions enumerated in the prospectus. 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.

[3] Effective the close of business, January 20, 2012, the Growth and Income Fund and Global Growth and Income Fund are closed to most new investments, subject to exceptions enumerated in the prospectus. 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

I plan to invest approximately the following amounts in these funds:

Account Name	Amount to Invest

F. Rights of Accumulation

This applies to Class A purchases only.

☐ I qualify for the cumulative quantity discount described in the prospectus.
My other accounts within the Calamos Family of Funds are as follows:

Fund Name	Account Number	Account Name

6 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.

7 Householding and Certification

By signing this form, I consent to the "householded" delivery of any fund prospectus, shareholder report and other documents (other than transaction confirmations of 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"—this way 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 Purchase and Exchange Privileges will apply to my account unless I have specifically declined those Privileges in Section 5 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 acknowledge that I am responsible for determining my eligibility to contribute to the IRA.

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

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 under Account Registration 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 a failure to report all interest or dividend income to the IRS. **(Note: you must draw a line through clause (b) of the preceding sentence if the IRS has notified you that you are subject to backup withholding due to your failure to report such income.)** I further certify that I am a U.S. Citizen (including a U.S. Resident Alien). 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.

8 Acceptance by Participant

I hereby adopt the Calamos Investment Trust Individual Retirement Account Plan and appoint U.S. Bank, N.A. to serve as Custodian as provided therein. I have read the Plan documents, including the General Provisions on this form, and agree to be bound by their terms. I have received the current prospectus(es) of the Fund(s) in which my initial contribution is to be invested and agree to be bound by their terms, including the terms concerning the redemption of shares and shareholder services. I certify that I am a U.S. Citizen (including a U.S. Resident Alien).

Sign exactly as listed in "Your Account Type".

x

Signature of Participant

Date (MM/DD/YYYY)

9 Custodian Acceptance

This section to be completed by U.S. Bank, N.A.

The undersigned, U.S. Bank, N.A. by separate agreement and the below signature, offers to serve as Custodian in accordance with the Calamos Investment Trust Individual Retirement Account Plan once this Application Form has been properly completed and returned to the Custodian.

x

Signature

Date (MM/DD/YYYY)

CALAMOS®

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