

# IRA Application



## 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.)

# IRA Application

## 3. OWNERSHIP INFORMATION

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.

### A. OWNER

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name of Owner	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (MM/DD/YYYY)	Social Security Number	E-mail Address*
<b>PERMANENT STREET ADDRESS OF OWNER</b>		
<input type="text"/>		<input type="text"/>
Street Address		Apt./Suite #
<input type="text"/>		<input type="text"/>
City		State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Telephone	Ext.	Home Telephone

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

<b>ACCOUNT MAILING ADDRESS</b>		
<input type="text"/>		<input type="text"/>
Street Address		Apt./Suite #
<input type="text"/>		<input type="text"/>
City		State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Telephone	Ext.	Home Telephone

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

### B. BENEFICIARY DESIGNATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Date of Birth (MM/DD/YYYY)	Social Security Number

### CONTINGENT BENEFICIARY

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
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.

<input checked="" type="text"/>	<input type="text"/>
Signature of Spouse	Date (MM/DD/YYYY)

# IRA Application

## 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.

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
<input type="checkbox"/> Growth	<input type="checkbox"/> A (606) <input type="checkbox"/> C (620)	\$ <input type="text"/>
<input type="checkbox"/> Growth and Income	<input type="checkbox"/> A (604) <input type="checkbox"/> C (618)	\$ <input type="text"/>
<input type="checkbox"/> Opportunistic Value	<input type="checkbox"/> A (634) <input type="checkbox"/> C (636)	\$ <input type="text"/>
<input type="checkbox"/> Dividend Growth	<input type="checkbox"/> A (1982) <input type="checkbox"/> C (1983)	\$ <input type="text"/>
<input type="checkbox"/> Global Growth and Income	<input type="checkbox"/> A (607) <input type="checkbox"/> C (621)	\$ <input type="text"/>
<input type="checkbox"/> International Growth	<input type="checkbox"/> A (645) <input type="checkbox"/> C (647)	\$ <input type="text"/>
<input type="checkbox"/> Global Equity	<input type="checkbox"/> A (1913) <input type="checkbox"/> C (1915)	\$ <input type="text"/>
<input type="checkbox"/> Evolving World Growth	<input type="checkbox"/> A (1952) <input type="checkbox"/> C (1954)	\$ <input type="text"/>
<input type="checkbox"/> Emerging Market Equity	<input type="checkbox"/> A (2347) <input type="checkbox"/> C (2348)	\$ <input type="text"/>
<input type="checkbox"/> Convertible	<input type="checkbox"/> A (603) <input type="checkbox"/> C (617)	\$ <input type="text"/>
<input type="checkbox"/> Global Convertible	<input type="checkbox"/> A (2971) <input type="checkbox"/> C (2972)	\$ <input type="text"/>
<input type="checkbox"/> Market Neutral Income	<input type="checkbox"/> A (605) <input type="checkbox"/> C (619)	\$ <input type="text"/>
<input type="checkbox"/> Hedged Equity Income	<input type="checkbox"/> A (2977) <input type="checkbox"/> C (2978)	\$ <input type="text"/>
<input type="checkbox"/> Phineus Long/Short	<input type="checkbox"/> A (5084) <input type="checkbox"/> C (5085)	\$ <input type="text"/>
<input type="checkbox"/> High Income Opportunities	<input type="checkbox"/> A (608) <input type="checkbox"/> C (622)	\$ <input type="text"/>
<input type="checkbox"/> Total Return Bond	<input type="checkbox"/> A (1929) <input type="checkbox"/> C (1931)	\$ <input type="text"/>
<input type="checkbox"/> Fidelity Investments Money Market Treasury Portfolio	<input type="checkbox"/> A (5141)	\$ <input type="text"/>

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

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.

### 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

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## 5. SPECIAL SERVICES (CONTINUED)

FUND NAME	AMOUNT TO INVEST	ON WHICH DAY OF THE MONTH (OR ON THE FIRST BUSINESS DAY THEREAFTER)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name(s) on Bank Account

Bank Name

Account Number

Bank Routing Number/ABA

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)

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.

### C. TELEPHONE PURCHASE AND EXCHANGE 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

Signature of Bank Account Owner

Date (MM/DD/YYYY)

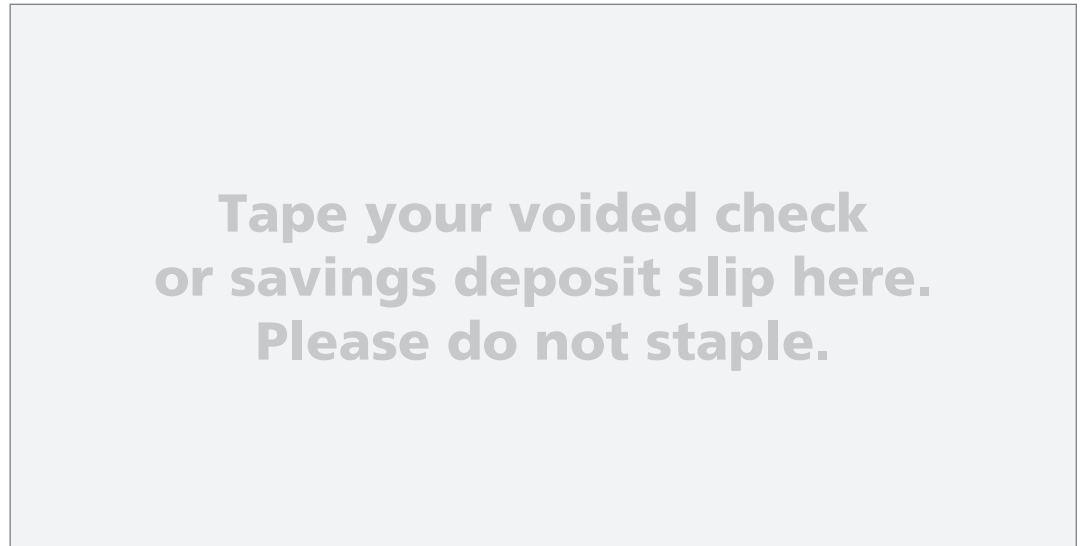
Signature of Joint Bank Account Owner (if applicable)

Date (MM/DD/YYYY)

## 5. SPECIAL SERVICES (CONTINUED)

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



This applies to Class A Shares only.

## 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 Dividend Growth Fund, Calamos Opportunistic Value Fund, Calamos Global Growth and Income Fund, Calamos International Growth Fund, Calamos Global Equity Fund, Calamos Evolving World Growth Fund, Calamos Emerging Market Equity Fund, Calamos Convertible Fund, Calamos Global Convertible Fund, Calamos Market Neutral Income Fund, Calamos Hedged Equity Income Fund, Calamos Phineus Long/Short Fund, Calamos High Income Opportunities 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

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

Account Name	Amount to Invest
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## 5. SPECIAL SERVICES (CONTINUED)

This applies to Class A purchases only.

## F. RIGHTS OF ACCUMULATION

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 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.

<input type="text"/>	<input type="text"/>
Dealer/Adviser/Firm Name	Dealer Number (optional)
<input type="text"/>	<input type="text"/>
Branch	Branch Number
<input type="text"/>	<input type="text"/>
Representative's First and Last Name	Representative Number
<input type="text"/>	<input type="text"/>
Address	Suite/Floor/Department
<input type="text"/>	<input type="text"/>
City	State      Zip Code
<input type="text"/>	<input type="text"/>
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 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 Exchange Privilege will apply to my account unless I have specifically declined this Privilege 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 acknowledge that I am solely responsible for determining the eligibility of any contributions and ensuring that total annual contributions will not exceed the amounts prescribed by applicable law.

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.

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 3 (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.

## 8. ACCEPTANCE BY PARTICIPANT

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.

U.S. Bank, N.A., hereby accepts its appointment as Custodian of the above IRA/CESA account and upon receipt of assets, will deposit such assets in a Calamos Family of Funds IRA/CESA on behalf of the Depositor authorizing this transfer or direct rollover.



CALAMOS<sup>®</sup>  
INVESTMENTS

Calamos Financial Services LLC, Distributor  
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800.582.6959 | [www.calamos.com](http://www.calamos.com) | [caminfo@calamos.com](mailto:caminfo@calamos.com)  
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IRAAPP 501 REV 0617



# Calamos Investments® Privacy Policy

At Calamos Investments, we are committed to conducting ourselves with total integrity and to the highest standards of prudent business practice. Your financial privacy is an important part of these activities. Our Privacy Policy outlines the steps we take to protect your personal information. Preserving your trust and confidence reflects our dedication to maintaining long-term client relationships.

## Why It Is Important We Share Our Privacy Policy

We believe that maintaining the privacy of your personal financial information is an essential piece of the service that we provide. This Privacy Policy explains how Calamos Investments handles your personal financial information, and the procedures that we follow to ensure your privacy.

## What Types of Personal Information Does Calamos Investments Collect?

We collect information about you to help serve your financial needs, provide customer service, and fulfill various legal and regulatory requirements. The type of information that we collect from you will vary based upon the product or service that we provide, and may include:

- > Information included on applications, questionnaires, new account forms and other related forms such as your name, address, Social Security number, assets and income;
- > Information about your transactions with us such as purchases, sales, account balances, and bank account information;
- > Information provided or captured on our website; including any information captured on our website through the use of "cookies".

## How Does Calamos Investments Share Your Information?

First and foremost, Calamos Investments does not sell lists of client information, nor do we disclose client information to marketing companies, with the exception of companies we may hire to provide specific services for us, as described below. We do not disclose any of the information described above to anyone, except as provided by law. Specifically, Calamos Investments may share non-public personal information with our affiliates in the course of processing transactions, managing accounts on your behalf, or to inform you of products or services that we believe may be of interest to you. Additionally, we may share non-public personal information with the following types of third parties:

- > Our financial service providers such as custodians and transfer agents; and
- > Non-financial companies under servicing or joint marketing agreements, such as printing firms and mailing firms that may assist us in the distribution of investor materials.

In all cases, your information is strictly protected. These third parties are bound by law or by contract to use your information only for the services for which we hired them, and are not permitted to use or share this information for any other purpose. This policy applies to current and former clients. If you access our services or products through another financial intermediary, such as a wrap fee sponsor, your intermediary's policy will govern how it uses your personal information.

# Calamos Investments® Privacy Policy

## Your Right to Opt Out

Calamos Investments does not sell or distribute non-public information to third parties, except as provided above. If, in the future, our policies were to change, you would be notified and provided an opportunity to opt out of our disclosing that information. That is, you could tell us not to disclose the information to any other person or entity.

## How We Keep Your Information Secure and Confidential

In order to further protect you, Calamos Investments maintains strict internal security measures. We restrict access to your personal and account information to those employees who need to know that information to service your account. We also maintain physical, electronic and procedural safeguards that comply with industry standards to guard our non-public personal information.

To protect your accounts online, encryption technology (Secure Sockets Layer) is used to prevent unauthorized access. Before accessing your accounts online, you are required to provide verification of who you are and a password/PIN number. We request your help in this process by keeping your identification information and password/PIN number private and restricting access to your personal computer.

As a client of Calamos Investments, you can rely on our commitment to protect your personal information and privacy.

## CALAMOS COMPANIES PROVIDING THIS NOTICE:

- » Calamos Advisors LLC
- » Calamos Advisors Trust
- » Calamos Financial Services LLC
- » Calamos Investment Trust
- » Calamos Investments LLP
- » Calamos Wealth Management LLC
- » Calamos Convertible Opportunities and Income Fund
- » Calamos Convertible and High Income Fund
- » Calamos Dynamic Convertible and Income Fund
- » Calamos Global Dynamic Income Fund
- » Calamos Global Total Return Fund
- » Calamos Strategic Total Return Fund
- » Calamos Advisors LLC Master Group Trust Global Opportunities Trust
- » Calamos Global Opportunities Fund LP

**CALAMOS**  
INVESTMENTS

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