

IRA Beneficiary Change

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 account number
- The Social Security Number(s) of your beneficiary(ies)
- Your Social Security Number
- The birthdate of your beneficiary(ies)
- Permanent street address of all registered holders

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).

I revoke all previous designations and direct that my Calamos Funds account be distributed upon my death to the designated beneficiary(ies) below.

1 Your IRA Account Information

Please specify your account information.

▶
Account Registration

Account Number Social Security Number

2 Beneficiary Change

Unless otherwise provided above, (a) every payment under my IRA by reason of my death shall be made to my Beneficiary if he or she is living at the time such payment becomes due; and (b) if there is no designated Beneficiary living at the time any such payment becomes due, the payment shall be made to my estate.

A Beneficiary Designation shall be valid only if dated and signed by me and filed with the Custodian under the Plan before my death.

▶ I hereby revoke all my prior Designations of Beneficiary and designate the following as my Beneficiary(ies) under my Individual Retirement Account (IRA):

1 Primary Beneficiary(ies)

First Name of Primary Beneficiary M.I. Last Name Percentage

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

Street Address Apt./Suite #

City State Zip Code

Business Telephone Ext. Home Telephone

2 Beneficiary Change (continued)

For additional primary beneficiaries, attach another sheet to this form.

2 Primary Beneficiary(ies)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name of Primary Beneficiary	M.I.	Last Name	Percentage
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth (MM/DD/YYYY)	Social Security Number	Relationship to You	
<input type="text"/>			<input type="text"/>
Street Address			Apt./Suite #
<input type="text"/>		<input type="text"/>	<input type="text"/>
City		State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Business Telephone	Ext.	Home Telephone	

1 Secondary Beneficiary(ies)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name of Secondary Beneficiary	M.I.	Last Name	Percentage
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth (MM/DD/YYYY)	Social Security Number	Relationship to You	
<input type="text"/>			<input type="text"/>
Street Address			Apt./Suite #
<input type="text"/>		<input type="text"/>	<input type="text"/>
City		State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Business Telephone	Ext.	Home Telephone	

For additional secondary beneficiaries, attach another sheet to this form.

2 Secondary Beneficiary(ies)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name of Secondary Beneficiary	M.I.	Last Name	Percentage
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth (MM/DD/YYYY)	Social Security Number	Relationship to You	
<input type="text"/>			<input type="text"/>
Street Address			Apt./Suite #
<input type="text"/>		<input type="text"/>	<input type="text"/>
City		State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Business Telephone	Ext.	Home Telephone	

3 Spousal Consent (if applicable)

If you are married and live in a community property (AZ, CA, ID, LA, NV, NM, TX, WA, WI and Puerto Rico) or martial property state and designate a beneficiary other than your spouse, your spouse must sign this form to consent to the beneficiary designations indicated above.

Signature of Account Owner's Spouse

Date (MM/DD/YYYY)

4 Signature and Certification

The terms, provisions and limitations of the IRA plan and Custodial Agreement, as amended from time to time, are controlling over these General Provisions and shall always govern all rights of myself, my Beneficiaries and all persons claiming under, by or through them, or any of them.

Shareholder Signature

Date (MM/DD/YYYY)

CALAMOS®

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