IRA Distribution Request

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:

- Account Number
- Social Security Number
- Bank account information
- A voided check for bank account deposit (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. YOUR IRA ACCOUNT INFORMATION

Please specify your account information.

Account Registration

Account Number

Social Security Number

2. TYPE OF DISTRIBUTION

Please select one

☐ **Early (Premature – subject to penalty tax).** Before age 59½. I understand that I may be responsible for paying a 10% premature withdrawal penalty (25% if from a SIMPLE IRA and within 2 years of initial SIMPLE participation) in addition to normal income tax for early withdrawal. Roth or Conversion Roth: Distribution within 5 years may be subject to 10% premature withdrawal penalty.

☐ **Early (Premature – not subject to penalty tax).** Before age 59½ and subject to one of the exceptions of Internal Revenue Code 72(t). Exceptions to the penalty include catastrophic medical expenses, certain health insurance premiums if unemployed, higher education expenses, first time home purchases (up to $10,000) and certain installment distributions.

☐ **Death.** Please attach a copy of the Participant's death certificate. (Other forms may be required. Please contact a Customer Service Representative at 800.582.6959 for more information.)

☐ **Regular Distribution.** I have reached age 59½ or older. Roth or Conversion Roth: Distributions within 5 years may be subject to 10% premature withdrawal penalty.

☐ **Required Minimum Distribution.** I have reached age 70½ and am required to begin receiving minimum distributions.

☐ **Disability.** Permanent or long-term disability only. Be sure to attach a current physician's statement of your disability.

☐ **Excess.** I am withdrawing the excess contribution I made in _____ in the amount of $ _____ .

I understand that I am responsible for any tax filing requirements because I have overcontributed to my account.

☐ **Divorce (Qualified Domestic Relations Order).** By checking this box I represent that the distribution is payment to a former spouse incident to a decree of divorce. Be sure to attach certified copy of divorce decree.

3. REQUIRED MINIMUM DISTRIBUTIONS

To be completed only if the shareholder is age 70½ or older and required to take a mandatory distribution from a retirement account. Does not apply to Roth and Roth Conversion IRAs.

Please indicate your preference to the right. Please select only one.

- ☐ I will be taking the required minimum distribution amount from an IRA/Qualified Plan of my choice and hereby relieve U.S. Bancorp Fund Services, LLC, of this responsibility. **Go to Section 7.**
- ☐ I elect to take my first required minimum distribution by December 31, _____ . **Go to Section 4.**
- ☐ I elect to take my first required minimum distribution by April 1, _____ , and another distribution before December 31, _____ . **Go to Section 4.**

4. METHOD OF DISTRIBUTION

Please select one.

- ☐ **I wish to receive my required minimum distribution payable to the address of record.**
- ☐ I wish to liquidate my entire account, payable to me and sent to the address of record listed on my mutual fund account or as specified below. **Go to Section 6.**
- ☐ I wish to liquidate _____ shares or $ _____ dollars in cash, payable to me and sent to the address of record listed on my mutual fund account or as specified below. **Go to Section 6.**
- ☐ I wish to have my excess contribution applied to my IRA / Qualified Plan contribution for tax year _____ . **Please complete Section 7.**

Please complete.

Fund name	Fund #	Dollar amount	or Percentage

Please select one.

Special Payee options are as follows:

- ☐ Wiring redemption. Signature guarantee is required and a $15.00 wire fee applies. **Please attach a voided check and go to Section 6.**
- ☐ Electronic funds transfer. For use with systematic withdrawals only. **Please attach a voided check and go to Section 6.**
- ☐ Alternative payee and/or address other than address of record. Signature guarantee is required. **Go to Section 6.**

Alternative Payee

First Name	M.I.	Last Name

Street Address	Apt./Suite #

City	State	Zip Code

5. INSTALLMENT DISTRIBUTIONS (IF APPLICABLE)

Please select one.

A. FREQUENCY

- ☐ Annually (specify month and date) _____
- ☐ Semi – annually (specify month and date distributions should begin) _____
- ☐ Quarterly (specify month and date distributions should begin) _____
- ☐ Monthly (specify month and date distributions should begin) _____

(Future distributions will be made in the same manner.)

NOTE: If you fail to designate a periodic payment frequency, distributions will be made annually in December. If you do not specify a date, your withdrawals will be processed on or about the 25th of the month (for example, January 10th is 01/10).

Please select one.

B. PERIOD

- ☐ Uniform Lifetime Table (Standard IRS Method)
- ☐ Installment payments payable over the joint life expectancy of myself and my spouse who is 11 years younger than myself calculated annually.

_____

Spouse's Birth Date (MM/DD/YYYY)

(Future distributions will be made in the same manner.)

NOTE: If you fail to designate a periodic payment period, distributions will be made payable over Uniform Table calculated annually.

6. WITHHOLDING ELECTION

To be completed by all shareholders.

The Tax and Equity and Fiscal Responsibility Act requires withholding of Federal Income Taxes from IRA distributions unless the participant elects otherwise.

Notice of Withholding on Retirement Plan Distributions

You have the following options regarding withholdings:

A. Elect **not** to have Federal Income Tax withheld.

B. Elect to have Federal Income Tax withheld.

If you do not indicate an election, the Act requires that Federal Income Tax be automatically withheld from your distribution(s) at the rate of 10%.

- ☐ Do **not** withhold 10% Federal Income Tax
- ☐ Withhold 10% Federal Income Tax
- ☐ Withhold more than 10% _____ %

If the disbursement is from an Employer sponsored retirement plan other than an IRA or SEP-IRA and is not your required minimum distribution, the distribution you receive from this retirement plan is subject to a mandatory federal income tax withholding of 20%.

7. SIGNATURE

This section must be completed.

I understand that my distribution may be subject to Federal Income Tax and if I am neither disabled as defined in the Calamos Investment Trust IRA Plan nor at least age 59½ at the time of distribution, my distribution may be subject to a penalty tax in the amount of 10% of the distribution.

x

Participant's Signature

Date (MM/DD/YYYY)

8. SIGNATURE GUARANTEE

A signature guarantee is a method of identity verification that protects against fraud. It can be obtained from a bank, trust company, or other financial institution. A notary public is not an acceptable guarantor since it does not include financial assurance against fraudulent activity.

You'll need a signature guarantee if the proceeds of your withdrawal are in excess of $50,000, are to be made payable to someone other than the shareholder of record, are to be mailed to an address other than that of your address of record (which also cannot have been changed within the last 30 days) or if the proceeds of your withdrawal are to be sent by electronic funds transfer (ACH) or wire to a bank account.

Signature Guarantee (Affix signature guarantee here)

CALAMOS®

Calamos Financial Services LLC, Distributor
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