

# New Account 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:

- » Social Security Numbers for all registered holders
- » A voided check for automatic investing (if applicable)
- » Permanent street addresses for all registered holders
- » A check for your initial investment payable to Calamos Funds
- » Signatures of any co-owners
- » A copy of your trust documents (if applicable)
- » A copy of your corporate documents (if applicable)
- » Date of birth 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).

### 1. YOUR ACCOUNT TYPE

Choose only one account type.

- Individual       Joint       Gift/Transfer to Minor  
 Trust       Corporation       Government Entity/Affiliate of Government Entity

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. OWNERSHIP INFORMATION

#### 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*

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**

<input type="text"/>	<input type="text"/>
Street Address	Apt./Suite #
<input type="text"/>	<input type="text"/>
City	State      Zip Code
<input type="text"/>	<input type="text"/>
Business Telephone	Ext.      Home Telephone

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

**ACCOUNT MAILING ADDRESS**

<input type="text"/>	<input type="text"/>
Street Address	Apt./Suite #
<input type="text"/>	<input type="text"/>
City	State      Zip Code
<input type="text"/>	<input type="text"/>
Business Telephone	Ext.      Home Telephone

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## 2. OWNERSHIP INFORMATION (CONTINUED)

Unless otherwise indicated, each account with multiple owners is deemed to be made in joint tenancy with right of survivorship except where that term of ownership is not recognized under applicable law.

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.

By law, only one person is allowed to be the custodian.

## B. JOINT OWNER (IF APPLICABLE)

<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*

### ACCOUNT MAILING ADDRESS OF JOINT OWNER (IF DIFFERENT FROM OWNER'S ADDRESS)

<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

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

## C. GIFT/TRANSFER TO MINOR

### CUSTODIAN

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

<input type="text"/>	<input type="text"/>
Date of Birth (MM/DD/YYYY)	Social Security Number

### AS CUSTODIAN FOR:

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

<input type="text"/>	<input type="text"/>
Minor's Date of Birth (MM/DD/YYYY)	Minor's Social Security Number

### UNIFORM GIFTS/TRANSFERS TO MINORS ACT:

<input type="text"/>
State where Minor, Donor or Custodian Resides

# New Account Application

## 2. OWNERSHIP INFORMATION (CONTINUED)

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

<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

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

### ACCOUNT MAILING ADDRESS

<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

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.

### D. CORPORATION OR TRUST

Corporation  
 Partnership  
 Trust Agreement Date   
(MM/DD/YYYY)  
 Other (Specify)

<input type="text"/>	<input type="text"/>
Name of Corporation, Entity or Trust	Tax Identification Number

Trustees (if applicable)

<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. 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 subsequently 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.

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## 3. COST BASIS METHOD (CONTINUED)

### 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.

## 4. INITIAL INVESTMENT

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

Minimum Investment: \$2,500 per fund.

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.

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 checked="" type="checkbox"/> B (613)	<input type="checkbox"/> C (620)	\$ <input type="text"/>
<input type="checkbox"/> Growth and Income	<input type="checkbox"/> A (604)	<input checked="" type="checkbox"/> B (611)	<input type="checkbox"/> C (618)	\$ <input type="text"/>
<input type="checkbox"/> Discovery Growth	<input type="checkbox"/> A (1975)	<input checked="" type="checkbox"/> B (1976)	<input type="checkbox"/> C (1977)	\$ <input type="text"/>
<input type="checkbox"/> Opportunistic Value	<input type="checkbox"/> A (634)	<input checked="" type="checkbox"/> B (635)	<input type="checkbox"/> C (636)	\$ <input type="text"/>
<input type="checkbox"/> Focus Growth	<input type="checkbox"/> A (641)	<input checked="" type="checkbox"/> B (642)	<input type="checkbox"/> C (643)	\$ <input type="text"/>
<input type="checkbox"/> Dividend Growth	<input type="checkbox"/> A (1982)		<input type="checkbox"/> C (1983)	\$ <input type="text"/>
<input type="checkbox"/> Mid Cap Growth	<input type="checkbox"/> A (2109)		<input type="checkbox"/> C (2110)	\$ <input type="text"/>
<input type="checkbox"/> Global Growth and Income	<input type="checkbox"/> A (607)	<input checked="" type="checkbox"/> B (614)	<input type="checkbox"/> C (621)	\$ <input type="text"/>
<input type="checkbox"/> International Growth	<input type="checkbox"/> A (645)	<input checked="" type="checkbox"/> B (646)	<input type="checkbox"/> C (647)	\$ <input type="text"/>
<input type="checkbox"/> Global Equity	<input type="checkbox"/> A (1913)	<input checked="" type="checkbox"/> B (1914)	<input type="checkbox"/> C (1915)	\$ <input type="text"/>
<input type="checkbox"/> Evolving World Growth	<input type="checkbox"/> A (1952)	<input checked="" type="checkbox"/> B (1953)	<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 checked="" type="checkbox"/> B (610)	<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 checked="" type="checkbox"/> B (612)	<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"/> Long/Short	<input type="checkbox"/> A (1947)		<input type="checkbox"/> C (1948)	\$ <input type="text"/>
<input type="checkbox"/> High Income	<input type="checkbox"/> A (608)	<input checked="" type="checkbox"/> B (615)	<input type="checkbox"/> C (622)	\$ <input type="text"/>
<input type="checkbox"/> Total Return Bond	<input type="checkbox"/> A (1929)	<input checked="" type="checkbox"/> B (1930)	<input type="checkbox"/> C (1931)	\$ <input type="text"/>
<input type="checkbox"/> Fidelity Prime Money Market	<input type="checkbox"/> A (1970)			\$ <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

# New Account Application

## 5. SPECIAL SERVICES

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

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

## A. DIVIDEND AND CAPITAL GAIN 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.

## 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

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.

## C. TELEPHONE PURCHASE, REDEMPTION AND EXCHANGE PRIVILEGES

I do not want telephone PURCHASE privileges.

I do not want telephone REDEMPTION privileges.

I do not want telephone EXCHANGE privileges.

Redemptions will be made payable to the registered owner(s), and sent to the registered owner(s) as indicated below. Proceeds from shares redeemed by telephone are limited to \$50,000 maximum per day. Persons having your account information may be able to act on your behalf.

I authorize U.S. Bancorp Fund Services, LLC to electronically CHARGE my bank account for future purchases requested by telephone.\*

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

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

Unless you indicate otherwise, you will have telephone privileges and all checks will be sent to the address of record.

# New Account Application

## 5. SPECIAL SERVICES (CONTINUED)

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)

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.

If you have elected direct deposit of your dividends, automatic investing or direct deposit of redemptions, 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

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 Discovery Growth Fund, Calamos Opportunistic Value Fund, Calamos Focus Growth Fund, Calamos Global Growth and Income Fund, Calamos International Growth Fund, Calamos Global Equity Fund, Calamos Evolving World Growth Fund, Calamos Convertible Fund, Calamos Market Neutral Income Fund, Calamos High Income 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

# New Account Application

## 5. SPECIAL SERVICES (CONTINUED)

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

FUND NAME	ACCOUNT NUMBER	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"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

This does not apply to Class B or Class I Shares.

## 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.

# New Account Application

## 7. SIGNATURE AND CERTIFICATION

You and any joint owners must sign this application before mailing it.

By signing this form, I consent to the "household" 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 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 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 2 (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 2 (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).

<input type="text" value="X"/>	<input type="text"/>
Individual Owner Signature	Date (MM/DD/YYYY)
<input type="text" value="X"/>	<input type="text"/>
Joint Owner Signature (if applicable)	Date (MM/DD/YYYY)
<input type="text" value="X"/>	<input type="text"/>
Custodian Signature	Date (MM/DD/YYYY)
<input type="text" value="X"/>	<input type="text"/>
Officer, Trustee Signature, etc.	Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>
Title of Officer, Trustee, etc.	Date (MM/DD/YYYY)

# CALAMOS®

Calamos Financial Services LLC, Distributor  
2020 Calamos Court | Naperville, IL 60563-2787  
800.582.6959 | www.calamos.com | caminfo@calamos.com

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