

Systematic Withdrawal

**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 Account Number
- » An unsigned, voided check or preprinted savings deposit slip (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 ACCOUNT INFORMATION

Please specify your account information.

Account Registration

Account Number

Social Security Number

2. INITIATE SYSTEMATIC WITHDRAWAL

To initiate the Systematic Withdrawal Plan, your account must have a minimum share balance of \$25,000.

The Systematic Withdrawal Plan is a service available to shareholders of the Calamos Family of Funds, making possible regular withdrawals (minimum: \$50 per fund account) of Fund shares. Each month, the Fund's transfer agent can arrange for the withdrawal and payment into your bank account.

Make my Systematic Withdrawals: Monthly or during the following months:

- | | | | | | |
|----------------------------------|-----------------------------------|------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March | <input type="checkbox"/> April | <input type="checkbox"/> May | <input type="checkbox"/> June |
| <input type="checkbox"/> July | <input type="checkbox"/> August | <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

Start/stop my Systematic Withdrawal on this day: (for example, January 10 is 01/10).
(If you do not select a day, your withdrawal will be processed on or about the 25th of the month).

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2. INITIATE SYSTEMATIC WITHDRAWAL (CONTINUED)

Please review the prospectus carefully before submitting any systematic withdrawal requests. If you have any questions, please call a customer service representative at 800.582.6959.

Please indicate the Fund(s) from which the payment is to be made and the amount of payment.

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

3. MAIL OR DIRECT DEPOSIT OF PROCEEDS

Choose to have your check mailed or proceeds deposited into your bank account. Check will be mailed to the address of record.

Address (for mailing checks). Proceeds will be mailed on the above requested date(s) to:

Shareholder's First Name M.I. Last Name

Date of Birth (MM/DD/YYYY)

Street Address Apt./Suite #

City State Zip Code

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3. MAIL OR DIRECT DEPOSIT OF PROCEEDS (CONTINUED)

For direct deposit to your bank account, you must attach a voided check or preprinted savings deposit slip.

Bank Information

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Bank Name

ABA Number

--	--

Bank Account Number

Bank Account Number

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Bank Address

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City

State

Zip Code

Tape your voided check or preprinted savings deposit slip here. Please do not staple.

4. SIGNATURE AND CERTIFICATION

Signatures must be exactly as name(s) appear under "Your Account 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). By signing, you are authorizing US Bancorp, LLC to honor all debts.

X	
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Individual Owner Signature

Date (MM/DD/YYYY)

X	
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Joint Owner Signature (if any)

Date (MM/DD/YYYY)

X	
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Custodian Signature

Date (MM/DD/YYYY)

X	
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Officer, Trustee Signature, etc.

Date (MM/DD/YYYY)

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Title of Officer, Trustee, etc.

Date (MM/DD/YYYY)

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5. MEDALLION SIGNATURE GUARANTEE

A Medallion 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 Medallion Signature Guarantee for the bank account owners if the names on the bank account are not the same as those on your Calamos account.

Medallion Signature Guarantee (Affix Medallion Signature Guarantee here)

CALAMOS[®]
INVESTMENTS

Calamos Financial Services LLC, Distributor
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SWFRM 509 0418