I Share Purchase Authorization

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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

You cannot receive an I Share purchase without this form.				
This applies to a:	☐ New Account	Existing Accou	nt	
f you have any questions about I Share purchases, contact a Customer Service Representative at 800.582.6959 (Hours: Monday-Friday, 8:00 a.m. to 6:00 p.m. Central Time).	In accordance with the prospectus, any of the following investors may purchase Class I Shares of a fund: □ 1. any CFS affiliates, current or retired trustees of the Trust, Calamos Asset Management Inc. and its subsidiaries officers, employees and their immediate family members, including a spouse, child, stepchild, parent, sibling, grandchild and grandparent, in each case including in-law and adoptive relationships; □ 2. any direct investment by investors through certain tax-exempt retirement plans which may include: 401(k) plans, 457 plans, employer-sponsored 403(b) plans, profit sharing and money purchase pension plans, defined benefit plans and non-qualified deferred compensation plans; □ 3. any institutional clients, provided such plans or clients have assets of at least \$1 million; and □ 4. certain other entities or programs, including, but not limited to, investment companies under certain circumstances. First Name of Applicant M.I. Last Name Existing Account Number (if applicable)			
	Date of Birth (MM/DD/YYYY) X Signature Representative's First and Last Name			Social Security Number Date (MM/DD/YYYY) Representative Number
If applicable.	Broker/Dealer Company	Name		

