

Calamos Investments® Privacy Policy

At Calamos Investments, we are committed to conducting ourselves with total integrity and to the highest standards of prudent business practice. Your financial privacy is an important part of these activities. Our Privacy Policy outlines the steps we take to protect your personal information. Preserving your trust and confidence reflects our dedication to maintaining long-term client relationships.

Why It Is Important We Share Our Privacy Policy

We believe that maintaining the privacy of your personal financial information is an essential piece of the service that we provide. This Privacy Policy explains how Calamos Investments handles your personal financial information, and the procedures that we follow to ensure your privacy.

What Types of Personal Information Does Calamos Investments Collect?

We collect information about you to help serve your financial needs, provide customer service, and fulfill various legal and regulatory requirements. The type of information that we collect from you will vary based upon the product or service that we provide, and may include:

- > Information included on applications, questionnaires, new account forms and other related forms such as your name, address, Social Security number, assets and income;
- > Information about your transactions with us such as purchases, sales, account balances, and bank account information;
- > Information provided or captured on our website; including any information captured on our website through the use of “cookies”.

How Does Calamos Investments Share Your Information?

First and foremost, Calamos Investments does not sell lists of client information, nor do we disclose client information to marketing companies, with the exception of companies we may hire to provide specific services for us, as described below. We do not disclose any of the information described above to anyone, except as provided by law. Specifically, Calamos Investments may share non-public personal information with our affiliates in the course of processing transactions, managing accounts on your behalf, or to inform you of products or services that we believe may be of interest to you. Additionally, we may share non-public personal information with the following types of third parties:

- > Our financial service providers such as custodians and transfer agents; and
- > Non-financial companies under servicing or joint marketing agreements, such as printing firms and mailing firms that may assist us in the distribution of investor materials.

In all cases, your information is strictly protected. These third parties are bound by law or by contract to use your information only for the services for which we hired them, and are not permitted to use or share this information for any other purpose. This policy applies to current and former clients. If you access our services or products through another financial intermediary, such as a wrap fee sponsor, your intermediary's policy will govern how it uses your personal information.

Calamos Investments® Privacy Policy

Your Right to Opt Out

Calamos Investments does not sell or distribute non-public information to third parties, except as provided above. If, in the future, our policies were to change, you would be notified and provided an opportunity to opt out of our disclosing that information. That is, you could tell us not to disclose the information to any other person or entity at any time. Also, if our policies were to change in the future and you are in a state that requires opting in to the sharing of your non-public information (such as Colorado, Connecticut or Virginia), you would be notified and asked to opt in.

Calamos Investments does not discriminate against clients who exercise any privacy rights, nor do we discriminate in responding to client requests for access to or deletion of their personal information.

How We Keep Your Information Secure and Confidential

In order to further protect you, Calamos Investments maintains strict internal security measures and monitors where your personal data is held. We restrict access to your personal and account information to those employees who need to know that information to service your account. We also maintain physical, electronic and procedural safeguards that comply with industry standards to guard our non-public personal information.

To protect your accounts online, encryption technology – such as Transport Layer Security – is used to prevent unauthorized access. Before accessing your accounts online, you are required to provide verification of who you are and a password/PIN number. We request your help in this process by keeping your identification information and password/PIN number private and restricting access to your personal computer.

As a client of Calamos Investments, you can rely on our commitment to protect your personal information and privacy.

CALAMOS COMPANIES PROVIDING THIS NOTICE:

- » Calamos Advisors LLC
- » Calamos Advisors Trust
- » Calamos Financial Services LLC
- » Calamos Investment Trust
- » Calamos Wealth Management LLC
- » Calamos Convertible Opportunities and Income Fund
- » Calamos Convertible and High Income Fund
- » Calamos Dynamic Convertible and Income Fund
- » Calamos Global Dynamic Income Fund
- » Calamos Global Total Return Fund
- » Calamos Strategic Total Return Fund
- » Calamos Global Opportunities Fund LP
- » Calamos Long/Short Equity & Dynamic Income Trust
- » Calamos ETF Trust
- » Calamos Antetokounmpo Asset Management LLC
- » Calamos Aksia Alternative Credit and Income Fund

CALAMOS
INVESTMENTS

Calamos Investments LLC
2020 Calamos Court | Naperville, IL 60563
800.582.6959 | www.calamos.com | caminfo@calamos.com
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PRIVSTMTGEN 945 0523 CAL 10001

Coverdell Education Savings Account (CESA) Packet



This packet contains:

- Calamos Family of Funds Coverdell Education Savings Account Application
- U.S. Bank, N.A. IRA Custodian Application

Both applications must be completed, signed and returned to U.S. Bank Global Fund Services to establish your Coverdell Education Savings Account.

Regular Mail:

Calamos Family of Funds

c/o U.S. Bank Global Fund Services
PO Box 701
Milwaukee, WI 53201-0701

Overnight Delivery:

Calamos Family of Funds

c/o U.S. Bank Global Fund Services
615 E. Michigan St., FL 3
Milwaukee, WI 53202-5207

For additional information please call toll-free 800-582-6959 or visit us on the web at www.calamos.com.

To complete this application, you will need:

- » Your Social Security Number
- » Your Permanent street address
- » A check for your initial investment payable to Calamos Funds
- » An unsigned, voided check or preprinted savings deposit slip (if applicable)
- » Date of Birth

Coverdell Education Savings Account (CESA) Application

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 already have other Calamos accounts

☐ This is my first account with Calamos Family of Funds

Note: Your permanent address must be within the United States, an APO/FPO or in a US territory to open an account.

Please print. If you have any questions about completing this application, please call a Customer Service Representative at 800-582-6959.

1. TYPE OF ACCOUNT

Choose only one account type.

If no tax year is indicated, we will assume it is for the current tax year. Please refer to the IRA Disclosure Statement for eligibility requirements and contribution limits.

☐ **Coverdell Education Savings Account (CESA)**

For tax year

☐ **Rollover Account – specify the type of rollover:**

☐ Account Holder's CESA to Account Holder's CESA

☐ Qualifying Family Member's CESA to Account Holder's CESA

☐ **Transfer Account – a direct transfer from current CESA custodian (please also complete IRA Transfer Form).**

The following 2 options will be added to your account. If you do not want these options, check the boxes below.

I. The responsible party wishes to continue to control the account after the Account Holder attains age of majority in his/her state in accordance with the terms described in the optional portion of Article V of the Coverdell Education Savings Account agreement.

☐ The responsible party does not wish to control the account after age of majority.

II. The responsible party may change the beneficiary designated under this agreement to another member of the designated beneficiary's family described in Article VI of the Coverdell Education Savings Account agreement.

☐ The responsible party may not change the beneficiary.

Coverdell Education Savings Account (CESA) Application

2. OWNERSHIP INFORMATION

Sections 2.A. and 2.B. must both 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 US territory to open an account.

**If a full legal first name is not provided, a copy of a government issued document is required to accompany this application.

If your mailing address is different from your permanent street address, indicate here. If completed, this address will be used as the Address of Record for all statements, checks and required mailings. A P.O. Box may be used as the mailing address.

A. MINOR – DESIGNATED BENEFICIARY / ACCOUNT HOLDER

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Full Legal First Name of Designated Beneficiary** 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

PERMANENT STREET ADDRESS OF OWNER

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Street Address

City

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

State

Zip Code

Business Telephone

Ext.

Home Telephone

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

B. ADULT – RESPONSIBLE PARTY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Full Legal First Name of Responsible Party** M.I. Last Name

Date of Birth (MM/DD/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Social Security Number

E-mail Address

Relationship of Responsible Party to Designated Beneficiary

PERMANENT STREET ADDRESS OF ADULT CUSTODIAN

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Street Address

City

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

State

Zip Code

Business Telephone

Ext.

Home Telephone

C. BENEFICIARY DESIGNATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

First Name

M.I.

Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Relationship

Date of Birth (MM/DD/YYYY)

Social Security Number

CONTINGENT BENEFICIARY

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

First Name

M.I.

Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Relationship

Date of Birth (MM/DD/YYYY)

Social Security Number

Designation of Beneficiary (attach a separate sheet if necessary).

Coverdell Education Savings Account (CESA) Application

3. INITIAL INVESTMENT

Please indicate your choice of Fund(s) and the amount of your initial investment:
Minimum Investment: \$500 per fund account
Subsequent Investments: \$50 per fund account

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 type="checkbox"/> C (620)	\$ <input type="text"/>
<input type="checkbox"/> Growth and Income	<input type="checkbox"/> A (604)	<input type="checkbox"/> C (618)	\$ <input type="text"/>
<input type="checkbox"/> Timpani Small Cap Growth	<input type="checkbox"/> A (5650)	<input type="checkbox"/> C (5672)	\$ <input type="text"/>
<input type="checkbox"/> Timpani SMID Growth	<input type="checkbox"/> A (5653)		\$ <input type="text"/>
<input type="checkbox"/> Select	<input type="checkbox"/> A (634)	<input type="checkbox"/> C (636)	\$ <input type="text"/>
<input type="checkbox"/> Dividend Growth	<input type="checkbox"/> A (1982)	<input type="checkbox"/> C (1983)	\$ <input type="text"/>
<input type="checkbox"/> Global Opportunities	<input type="checkbox"/> A (607)	<input type="checkbox"/> C (621)	\$ <input type="text"/>
<input type="checkbox"/> International Growth	<input type="checkbox"/> A (645)	<input type="checkbox"/> C (647)	\$ <input type="text"/>
<input type="checkbox"/> International Small Cap Growth	<input type="checkbox"/> A (5785)	<input type="checkbox"/> C (5786)	\$ <input type="text"/>
<input type="checkbox"/> Global Equity	<input type="checkbox"/> A (1913)	<input type="checkbox"/> C (1915)	\$ <input type="text"/>
<input type="checkbox"/> Evolving World Growth	<input type="checkbox"/> A (1952)	<input type="checkbox"/> C (1954)	\$ <input type="text"/>
<input type="checkbox"/> Convertible	<input type="checkbox"/> A (603)	<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 type="checkbox"/> C (619)	\$ <input type="text"/>
<input type="checkbox"/> Hedged Equity	<input type="checkbox"/> A (2977)	<input type="checkbox"/> C (2978)	\$ <input type="text"/>
<input type="checkbox"/> Phineus Long/Short	<input type="checkbox"/> A (5084)	<input type="checkbox"/> C (5085)	\$ <input type="text"/>
<input type="checkbox"/> High Income Opportunities	<input type="checkbox"/> A (608)	<input type="checkbox"/> C (622)	\$ <input type="text"/>
<input type="checkbox"/> Total Return Bond	<input type="checkbox"/> A (1929)	<input type="checkbox"/> C (1931)	\$ <input type="text"/>
<input type="checkbox"/> Short-Term Bond	<input type="checkbox"/> A (5617)		\$ <input type="text"/>
<input type="checkbox"/> Calamos Antetokounmpo Sustainable Equities	<input type="checkbox"/> A (5806)	<input type="checkbox"/> C (5807)	\$ <input type="text"/>
<input type="checkbox"/> Fidelity Investments Money Market Treasury Portfolio	<input type="checkbox"/> A (5141)		\$ <input type="text"/>
<input type="checkbox"/> Merger Arbitrage	<input type="checkbox"/> A (5852)	<input type="checkbox"/> C (5853)	\$ <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

Note: A completed application must be submitted in advance of a wire. For wire instructions: Call 800.582.6959

4. SPECIAL SERVICES

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

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 preprinted savings account deposit slip is required with your application.

B. AUTOMATIC INVESTMENT PLAN

US 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. Your signed application must be received at least 15 business days prior to the initial transaction. For IRA accounts, investments are applied as current year contributions. You will be assessed a \$25 fee if the automatic purchase cannot be made due to insufficient funds, stop payment, the closing of your bank account, or any other reason, and the automatic purchase plan may be terminated. An unsigned, voided check or preprinted savings account deposit slip is required with your application.

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Coverdell Education Savings Account (CESA) Application

4. SPECIAL SERVICES (CONTINUED)

FUND NAME	AMOUNT TO INVEST	ON WHICH DAY OF THE MONTH (OR ON THE FIRST BUSINESS DAY THEREAFTER)

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 the owner of this new CESA account must also authorize these services by signing here.

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

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 by check to the address of record or 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 US Bancorp Fund Services, LLC to electronically CHARGE my bank account for future purchases requested by telephone.*
☐ I authorize US Bancorp Fund Services, LLC to electronically DEPOSIT funds to my bank account for shares redeemed by telephone.*

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

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 the owner of this new CESA account must also authorize these services by signing here.

Coverdell Education Savings Account (CESA) Application

4. SPECIAL SERVICES (CONTINUED)

If you have elected direct deposit of your dividends, automatic investing or direct deposit of redemptions, you must attach a voided check or preprinted savings deposit slip

D. BANK SERVICES

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

This applies to Class A Shares only.

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 Timpani Small Cap Growth Fund, Calamos Timpani SMID Growth Fund, Calamos Dividend Growth Fund, Calamos Select Fund, Calamos Global Opportunities Fund, Calamos International Growth Fund, Calamos International Small Cap Growth Fund, Calamos Global Equity Fund, Calamos Evolving World Growth Fund, Calamos Convertible Fund, Calamos Global Convertible Fund, Calamos Market Neutral Income Fund, Calamos Hedged Equity Fund, Calamos Phineus Long/Short Fund, Calamos High Income Opportunities Fund, Calamos Total Return Bond Fund, Calamos Antetokounmpo Sustainable Equities Fund, Calamos Merger Arbitrage Fund, and/or Calamos Short-Term 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

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

Fund Name or Existing Account Number	Amount to Invest

Coverdell Education Savings Account (CESA) Application

4. SPECIAL SERVICES (CONTINUED)

This applies to Class A purchases only.

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"/>

5. DEALER/INVESTMENT ADVISER (TO BE COMPLETED BY THE DEALER/ADVISED 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.

Coverdell Education Savings Account (CESA) Application

6. ACCEPTANCE BY PARTICIPANT – HOUSEHOLDING AND CERTIFICATIONS

I have read and understand the Disclosure Statement and Custodial Account Agreement document. I adopt the Disclosure Statement and Custodial Account Agreement document, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified.

I have received and understand the prospectus for the Calamos Family of Funds (the "Fund"). I understand the Fund's objectives and policies and agree to be bound by the terms of the prospectus. 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 these Privileges in Section 4.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.

Before I request an exchange, I will obtain and read the current prospectus for each Fund into which I am exchanging fund shares.

I authorize the firm / registered representative listed in Section 5 of this application to have access to my account and to act on my behalf with respect to my account.

I acknowledge that I am solely responsible for determining the eligibility of any contributions and ensuring that total annual contributions will not exceed the amounts prescribed by applicable law.

I acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxy statements, and other similar 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. I may contact the Fund to revoke my consent. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable if I fail to notify the Fund within such time period. I certify that I am of legal age and have the legal capacity to make this purchase. [If the Grantor is a minor under the laws of the Grantor's state of residence, a parent or guardian must sign the IRA Application (i.e., "Sally Doe, parent of Jane Doe"). Until the Grantor reaches the age of majority, the parent or guardian will exercise the duties of the Grantor. (If not a parent, the guardian must provide a copy of the letters of appointment.)]

If I am opening a Traditional IRA with a distribution from an employer-sponsored retirement plan, I elect to treat the distribution as a partial or total distribution and certify that the distribution qualifies as a rollover contribution.

I understand that the fees relating to my account may be collected by redeeming sufficient shares.

I understand that my mutual fund account assets may be transferred to my state of residence if no activity occurs within my account during the inactivity period specified in my State's abandoned property laws.

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 US Citizen (including a US 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.

The Fund, its transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing the banking sections of this application, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, N.A., on behalf of the applicable Fund. The Fund, its transfer agent, and any of their respective agents or affiliates will not be liable for acting upon instructions believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient funds must be in my account to pay for them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are not honored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had a reasonable amount of time to act upon a written notice of revocation.

I hereby adopt the Calamos Investment Trust Individual Retirement Account Plan and appoint US Bank, N.A. to serve as Custodian as provided therein. I have read the Plan documents, including the General Provisions on this form, and agree to be bound by their terms. I have received the current prospectus(es) of the Fund(s) in which my initial contribution is to be invested and agree to be bound by their terms, including the terms concerning the redemption of shares and shareholder services. I certify that I am a US Citizen (including a US Resident Alien).

Sign exactly as listed in Section 2
"Ownership Information"

X

Signature of Adult – Responsible Party

Date (MM/DD/YYYY)

Please proceed to page 9 to review, complete and sign the U.S. Bank, N.A. IRA Custodian Application.

U.S. Bank, N.A. IRA Custodian Application

This application must be completed for all Traditional IRA, Roth IRA, SEP IRA, SIMPLE IRA, Minor IRA or Coverdell Education Savings Account (CESA) where U.S. Bank National Association will serve as custodian.

1. INVESTOR INFORMATION

For Traditional IRA, Roth IRA, SEP IRA, and SIMPLE IRA accounts, the information provided in this section must be that of the account owner. For CESA and Minor IRA accounts, the information provided in this section must be that of the responsible party.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Legal First Name*	M.I.	Last Name
<input type="text"/>	<input type="text"/>	
Date of Birth (MM/DD/YYYY)	Social Security Number	

*If a full legal first name is not provided, a copy of a government issued document is required to accompany this application.

PERMANENT STREET ADDRESS

Residential Address or Principal Place of Business - Foreign addresses and PO Boxes are not allowed.

<input type="text"/>	<input type="text"/>
Street Address	Apt/Suite
<input type="text"/>	<input type="text"/>
City	State
<input type="text"/>	Zip Code

<input type="text"/>	<input type="text"/>
Daytime Phone Number	Evening Phone Number

<input type="text"/>
Email Address

MAILING ADDRESS (if different from Permanent Address)

A PO Box may be used as the mailing address.

<input type="text"/>	<input type="text"/>
Street Address	Apt/Suite
<input type="text"/>	<input type="text"/>
City	State
<input type="text"/>	Zip Code

2. CUSTODIAN AGREEMENT

This Agreement governs your Traditional IRA, Roth IRA, SEP IRA, SIMPLE IRA, Minor IRA or Coverdell Education Savings Account (CESA) with us. U.S. Bank National Association will serve as the non-discretionary, directed custodian of your account. We do not provide fiduciary investment advice on your account.

To open a new account for a Traditional IRA, Roth IRA, SEP IRA, SIMPLE IRA, Minor IRA or CESA, you must complete and sign this Custodian Application as well as the Fund's application and return the applications to us.

General Powers

We will have all powers necessary to carry out our duties under this Agreement, including (but not limited to) the following:

- (1) To authorize additional forms of acceptable written notice to us, including (as we may periodically determine) facsimile, e-mail or other methods.
- (2) To hold the assets of the Account without qualification or description in our name or the name of any nominee of us, or in any other form under which title will pass by delivery.
- (3) To exchange information about you, your Beneficiary(ies) and Account with affiliated entities, as permitted by applicable law and regulations.
- (4) To make, execute and deliver, as Custodian, any and all contracts, waivers, releases or other written documents with respect to the administration of the Account.
- (5) To employ recordkeepers and other agents and to delegate such duties to them as we see fit and to employ or consult with experts, advisors and legal counsel (who may be employed also by you or your Beneficiary(ies)) and to rely on the information and advice received. We will be reimbursed by the Account or you (or, if you die, your Beneficiary(ies)), for costs incurred by us when employing such parties.
- (6) To file class action litigation proofs of claim in respect to any of the assets of the Account.
- (7) To change the fee schedule at any time.

Indemnification

- (1) You hereby agree to indemnify and release us, and hold us harmless from and against, and we will incur no liability to any person for, any harm that may be imposed on, incurred by, or asserted against us by reason of our action or omission in connection with this Agreement or the Account (including, but not limited to, an action or omission that is consistent with directions provided under this Agreement), except to the extent that a court of competent jurisdiction has made a final judgment that the harm resulted directly from our willful misconduct, gross negligence, bad faith, or material breach of this Agreement.
- (2) The foregoing provisions will survive the termination of this Agreement.

U.S. Bank, N.A. IRA Custodian Application

2. CUSTODIAN AGREEMENT (CONTINUED)

Limitations on Duties

Our duties are strictly limited to those set forth in this Agreement, and no implied covenants, duties, responsibilities, representations, warranties, or obligations will be read into this Agreement against us. Without limiting the generality of the foregoing, we have no duty to:

- (1) Act as trustee of the IRA assets.
- (2) Inspect, review or examine any asset that is neither registered in the name of the account (with us designated as custodian), us (with or without custodial designation) or our nominee nor maintained by us at any central securities depository (such as the Depository Trust Company) or Federal Reserve Bank or with a sub-custodian nor held by us in unregistered or bearer form or in such form as will pass title by delivery, or governing, offering, subscription, or similar document with respect thereto, to determine whether the asset or document is authentic, genuine, enforceable, properly signed, appropriate for the represented purpose, is what it purports to be on its face, or for any other purpose, or to execute such document, or to take physical possession of such asset or document.
- (3) Question whether any direction received under this Agreement is prudent, consistent with the terms of this Agreement, or contrary to applicable law; to solicit or confirm directions; or to question whether any direction received under this Agreement by email, or entered into your account in an on-line portal, is unreliable or has been compromised.
- (4) Monitor service providers hired by you.
- (5) Maintain or defend any legal proceeding in the absence of indemnification, to our satisfaction, against all expenses and liabilities which we may sustain by reason thereof.
- (6) Advance funds or securities or otherwise expend or risk its own funds or incur its own liability in the exercise of its powers or rights or performance of its duties under this Agreement.

Change of Custodian

Qualification of Successor

The successor custodian or trustee must be either a bank (as defined in Code section 408(n)) or a person who has IRS approval to serve in that capacity (as provided in Code section 408(h)).

Payment to Successor

Once we receive written acceptance of appointment by the successor custodian or trustee, we will transfer and pay over to the successor the assets of the Account, less any amount allowed to be reserved under this Agreement.

Successor Organizations

By designating a Custodian, original or successor, hereunder, there is included in such designation and as a part thereof any other corporation authorized by law to accept the Account into which or with which the designated Custodian, original or successor, is converted, consolidated or merged, and the corporation into which or with which any Custodian hereunder is so converted, consolidated or merged will continue to be the Custodian of the Account.

Amendment or Termination of Agreement

Power to Amend

You cannot amend this Agreement other than by changing an election or designation in the Application. You and your Beneficiary(ies) delegate to the Sponsor or its agent the power to amend this Agreement from time to time in any respect (unless otherwise expressly stated in this Agreement), without obtaining your approval or consent (or that of your Beneficiary(ies)). Either the Sponsor or its agent will furnish you with a copy of any such amendment.

Limitation on Amendments

This Agreement may not be amended in any manner that would cause or permit any part of the Account to be diverted to purposes other than for your (or your Beneficiary's(ies')) exclusive benefit.

Termination

You may terminate this Agreement at any time by written notice to us.

Upon such termination, we will distribute the assets of the Account, less any amount reserved for payment of fees and expenses, to you (or your Beneficiary(ies)) or according to the directions of you (or your Beneficiary(ies)) and the provisions of this Agreement. We will comply with the directions we receive in proper form and will not be liable for any tax or any loss of any kind resulting from any action we take pursuant to such directions.

Transfer

At your written direction, we will transfer the assets of the Account, less any amount reserved for payment of fees and expenses, directly to the custodian or trustee (or other funding agent) of another individual retirement plan or of a qualified employer or government plan. We have no duty to ascertain whether such direction is proper under the Code or under the provisions of the plan receiving the transfer. We will comply with your (or your Beneficiary's(ies')) directions and will not be liable for any tax or any loss of any kind resulting from any action we take pursuant to such directions.

Initial Adoption or Revocation

(1) Adoption of Agreement. This Agreement will be effective once the Application has been signed by you and accepted by us, as evidenced by a confirmation or an Account statement.

(2) Revocation of Agreement. You may revoke this Agreement for any reason within seven calendar days after the date your signed applications are postmarked to us or, if earlier, the date we receive your initial payment to establish your IRA. If it is revoked during that period, the Agreement will be void from its inception, and we will return all assets you contributed and all fees you paid us. U.S. Bank National Association will not be responsible for any market losses or fees paid to us.

(3) We may close the Account if it is not funded within ninety (90) days of the Account opening, or if the account is drawn to a \$0 balance.

U.S. Bank, N.A. IRA Custodian Application

3. SIGNATURE AND CERTIFICATION

By signing this application:

You designate U.S. Bank National Association as the Custodian of your account. You have received, read and understand the Custodian Agreement (section 2) attached hereto.

You agree to the terms and conditions of this Custodian Application, which includes the Custodian Agreement (section 2).

You have read and understand the Disclosure Statement and Custodial Account Agreement document. You adopt the Disclosure Statement and Custodial Account Agreement document, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified.

You understand you have full responsibility for directing the investment of your account, and that no transactions will occur on your account unless you (or another person you have authorized) so direct. You acknowledge and agree that we do not provide services as a "fiduciary" under 29 U.S.C. Section 1002(21)(A)(ii), 26 U.S.C. Section 4975(e)(3)(B), 29 C.F.R. 2510.3-21, or 26 C.F.R. Section 54.4975-9 commonly known as "fiduciary investment advice." We will not provide fiduciary investment advice, and you will not construe or rely on any service provided by us to you as fiduciary investment advice. We are not your investment manager under 29 U.S.C. Section 1002(21)(A)(i) or 26 U.S.C. Section 4975(e)(3)(A). We neither have any discretionary authority or discretionary control respecting management of your IRA and any discretionary authority or discretionary responsibility in the administration of your IRA under 29 U.S.C. Section 1002(21)(A)(i) and (iii) or 26 U.S.C. Section 4975(e)(3)(A) and (C).

You understand most investment products are not insured by the Federal Deposit Insurance Corporation ("FDIC"), are not deposits or other obligations of or guaranteed by us or our affiliates, and involve investment risks, including possible loss of the principal amount invested.

You agree to disclose to U.S. Bank National Association if you, the beneficial owner(s), or authorized signer(s) is or becomes a "senior political figure, immediate family member, or close associate of a senior political figure" (as defined below), during the duration of the Custody Agreement.

- A "senior political figure" is a domestic or foreign senior official in the executive, legislative, administrative, military, or judicial branches of a government (whether elected or not), a senior official of a major political party, or a senior executive of a government-owned corporation. In addition, a senior political figure includes any corporation, business, or other entity that has been formed by, or for the benefit of, a senior political figure.
- "Immediate family" of a domestic or foreign senior political figure typically includes the figure's parents, siblings, spouse, children, and in-laws.
- A "close associate" of a domestic or foreign senior political figure is a person who is widely and publicly known to maintain an unusually close relationship with the senior political figure and includes a person who is in a position to conduct domestic and international financial transactions on behalf of the senior political figure.

You agree that the information you completed herein is true, accurate, and complete.

X

Depositor/Legally Responsible Individual's Signature

Date (MM/DD/YYYY)

Appointment as Custodian accepted:

U.S. BANK NATIONAL ASSOCIATION



Gregory Farley

Senior Vice President-Mutual Fund Operations

BEFORE YOU MAIL, HAVE YOU:

- ☐ Completed all USA PATRIOT Act required information on the CESA Application and U.S. Bank, N.A. Custodian Application?
 - Full Name
 - Social Security Number
 - Date of Birth
 - Permanent street address
- ☐ Enclosed your personal check made payable to the Calamos Funds?
- ☐ Included a voided check or savings deposit slip, if applicable?
- ☐ Signed the CESA Application and U.S. Bank, N.A. Custodian Application?
- ☐ Enclosed additional documentation, if applicable?

CALAMOS
INVESTMENTS

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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