

# Entity Account Application – Class I Shares



Please do not use this form for IRA accounts.

## 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:

- » Tax Identification Number for Entity
- » Permanent street address for Entity
- » Signature(s) of Officer or Trustee for Entity
- » Name, date of birth, permanent street address and Social Security Number for all listed Beneficial Owners
- » A copy of your corporate documents (if applicable)
- » A copy of your trust documents (if applicable)
- » 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 TYPE

Choose only one account type.

- C Corporation (including incorporated entities and LLC's that elect to be treated as a corporation)
- S Corporation (including incorporated entities and LLC's that elect to be treated as a corporation)
- Partnership (including LLC's that elect to be treated as a partnership)
- Limited Liability Company
- Limited Partnership
- Investment Club
- Union
- REIT
- Exempt Organization
- Nonprofit Organization (exempt from providing "Beneficial Owner Information" in Section 2.B., but Section 2.C. "Controller Information" must be completed)
- Other Entity – Please Explain: \_\_\_\_\_
- Business or Statutory Trust: Trust Agreement Date (if applicable)  
  
(MM/DD/YYYY)
- 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.

FinCEN "Beneficial Ownership Rule": For new legal entity accounts established in the Calamos Funds after May 11, 2018, this Rule imposes new customer due diligence requirements related to the establishment of legal entity accounts. The Rule specifically requires that covered financial institutions, including mutual funds, identify and verify the identity of underlying beneficial owners for certain legal entity customers.

- I/We already have other Calamos accounts.
- This is my/our first account with Calamos Family of Funds.

## 2. OWNERSHIP INFORMATION

You must supply documentation to substantiate the existence of your organization and your authority to open an account. (e.g., Articles of Incorporation / Formation / Organization, Trust Agreement, Partnership Agreement, Certified Resolution, or other official documents).

Remember to include a separate sheet detailing the full name, date of birth, Social Security number, and permanent street address for all authorized individuals.

### A. ENTITY

Name of Corporation, Partnership, Entity or Trust and State of Organization / Incorporation

Name(s) of Authorized Signer(s)

Trustees (if applicable)

Tax ID Number

Check here if you are a government entity or affiliated with a government entity.

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## 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 ENTITY

<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"/>	
Business Telephone	Ext.	

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"/>	
Business Telephone	Ext.	

Post Office Boxes do not meet the address requirement

## B. BENEFICIAL OWNER INFORMATION

Please complete the table below for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, **owns 25% or more of the equity interests of the Legal Entity listed in section 2.A.** If no individuals meet this criteria, please leave the table blank to certify this requirement does not apply for the Legal Entity.

*Please note that if the Legal Entity is owned by another Entity, only natural persons should be listed within the table (ex. if ABC Corp. is 50% owned by 123 Corp. and 123 Corp. is 50% owned by John Doe, John Doe should be listed as he is a 25% Beneficial Owner of ABC Corp.).*

*For Foreign Persons: An alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard can be provided in lieu of a passport number. **A copy of the individual's passport, alien identification card, or other government-issued document must be included with the form.***

	Name	Date of Birth	Address (Residential or Business Street Address)	Social Security Number (For U.S. Persons)	Passport Number and Country of Issuance (For Foreign Persons)
1.					
2.					
3.					
4.					

Post Office Boxes do not meet the address requirement

## C. CONTROLLER INFORMATION

Please complete the table below with the requested information for **one** individual with significant responsibility for managing the Legal Entity listed in section 2.A., such as an executive officer or senior manager (ex. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer), or any other individual who regularly performs similar functions (a beneficial owner named in section 2.B. can be listed here if appropriate).

*For a Foreign Person: An alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard can be provided in lieu of a passport number. **A copy of the individual's passport, alien identification card, or other government-issued document must be included with the form.***

Name	Date of Birth	Address (Residential or Business Street Address)	Social Security Number (For U.S. Person)	Passport Number and Country of Issuance (For Foreign Person)

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## 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.

### 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 your initial investment:

The minimum initial investment is \$1 million.

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	SHARE CLASS	MINIMUM INITIAL INVESTMENT
<input type="checkbox"/> Growth	<input type="checkbox"/> I (630)	\$ <input type="text"/>
<input type="checkbox"/> Growth and Income	<input type="checkbox"/> I (628)	\$ <input type="text"/>
<input type="checkbox"/> Timpani Small Cap Growth	<input type="checkbox"/> I (5651)	\$ <input type="text"/>
<input type="checkbox"/> Timpani SMID Growth	<input type="checkbox"/> I (5654)	\$ <input type="text"/>
<input type="checkbox"/> Opportunistic Value	<input type="checkbox"/> I (637)	\$ <input type="text"/>
<input type="checkbox"/> Dividend Growth	<input type="checkbox"/> I (2023)	\$ <input type="text"/>
<input type="checkbox"/> Global Growth and Income	<input type="checkbox"/> I (631)	\$ <input type="text"/>
<input type="checkbox"/> International Growth	<input type="checkbox"/> I (648)	\$ <input type="text"/>
<input type="checkbox"/> Global Equity	<input type="checkbox"/> I (1916)	\$ <input type="text"/>
<input type="checkbox"/> Evolving World Growth	<input type="checkbox"/> I (1955)	\$ <input type="text"/>
<input type="checkbox"/> Convertible	<input type="checkbox"/> I (627)	\$ <input type="text"/>
<input type="checkbox"/> Global Convertible	<input type="checkbox"/> I (2973)	\$ <input type="text"/>
<input type="checkbox"/> Market Neutral Income	<input type="checkbox"/> I (629)	\$ <input type="text"/>
<input type="checkbox"/> Hedged Equity	<input type="checkbox"/> I (2979)	\$ <input type="text"/>
<input type="checkbox"/> Phineus Long/Short	<input type="checkbox"/> I (5086)	\$ <input type="text"/>
<input type="checkbox"/> High Income Opportunities	<input type="checkbox"/> I (632)	\$ <input type="text"/>
<input type="checkbox"/> Total Return Bond	<input type="checkbox"/> I (1932)	\$ <input type="text"/>
<input type="checkbox"/> Short-Term Bond	<input type="checkbox"/> I (5618)	\$ <input type="text"/>
<input type="checkbox"/> Fidelity Investments Money Market Treasury Portfolio	<input type="checkbox"/> I (5144)	\$ <input type="text"/>

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## 4. INITIAL INVESTMENT (CONTINUED)

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 The Fund confirms each purchase of shares by a written statement mailed to you without issuance of share certificates. Please see the prospectus for wire and/or exchange methods.

## 5. SPECIAL SERVICES

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

Unless you indicate otherwise, you will have telephone privileges and all checks will be sent to the address of record. Please note, wire redemption and/or banking transaction privileges require completion of the bank information below.

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

Note: Any co-signer of a checking or savings account who is not a owner of this fund account must authorize these services by signing here.

### A. DIVIDEND AND CAPITAL 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. 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.
- I do not want wire REDEMPTION 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 preprinted savings account deposit slip is required with your application.

### C. BANK SERVICES

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)

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

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## 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"/>	<input type="text"/>
City		State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Branch Telephone	Ext.	E-mail	

## 7. SIGNATURE AND CERTIFICATION

All required authorized signers must sign this application before mailing it.

I have received and understand the prospectus for the Fund(s) applied for (the "Fund"). I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each Fund. 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. 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.

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 NA, 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 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 reasonable amount of time to act upon a written notice of revocation.

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.

**Under penalty of perjury, I certify that (1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number, and (2) 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, (3) I am a U.S. person (including a U.S. resident alien), and (4) I am exempt from FATCA reporting. (Cross out item 2 above 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.)**

**The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

**I hereby certify that to the best of my knowledge, the information provided about me, and the information provided about the beneficial owner(s) and/or the individual with control over the legal entity is complete and correct.**

<input type="text"/>
Printed Name of Authorized Signer

<input type="text" value="X"/>	<input type="text"/>
Signature of Authorized Signer	Date (MM/DD/YYYY)



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