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 t | this form. | |
|-------------------------|--|--------------------|--|
| This applies to a: | ☐ New Account | ☐ Existing Account | |
| | 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. M.I. Last Name Existing Account Number (if applicable) | | |
| | Date of Birth (MM/DD/YYYY) | | Social Security Number |
| | Signature Representative's First and Last Name | | Date (MM/DD/YYYY) Representative Number |
| If applicable. | Broker/Dealer Company | Name | |

