Individual Retirement Account (IRA) I Shares

CALAMOS®

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 Permanent street address
- » A Check for your initial investment payable to Calamos Funds
- » Date of Birth
- » Social Security Number for yourself and your beneficiary

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.

Please refer to the IRA Disclosure Statement for eligibility requirements and contribution limits.

☐ Traditional IRA ☐ Rollover IRA (From Rollover IRA to Rollover IRA; OR Direct rollover from employer sponsored plan.)

☐ Roth IRA ☐ SEP IRA (Each employee must complete an Individual Retirement Account (IRA) I Shares.)

☐ Simple IRA

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 U.S. territory to open an account.

2. TYPE OF CONTRIBUTION

**If no tax year is indicated, we will assume it is for the current tax year.

☐ Annual contribution for tax year** _____ (If prior year, must be mailed on or before April 15.)

☐ Transfer (assets are a direct transfer from current custodian). Complete and attach IRA Transfer Form.

☐ Rollover assets (I had physical receipt of assets for less than 60 days) from previous IRA or employer retirement plan.

☐ Direct rollover of assets from my employer sponsored plan (I did not have physical receipt of assets).
Please indicate previous account type (please check one):

☐ Corporate ☐ Pension Plan ☐ Profit Sharing Plan ☐ 401(k)

☐ 403 (b) ☐ Other (please specify) _____

☐ Conversion of existing Traditional IRA to Roth IRA. (Available only if your Adjusted Gross Income is $100,000 or less.)

3. OWNERSHIP INFORMATION

A. OWNER

First Name of Owner | M.I. | Last Name

Date of Birth (MM/DD/YYYY) | Social Security Number | E-mail Address*

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 OWNER

Street Address | Apt./Suite #

City | State | Zip Code

Business Telephone | Ext. | Home Telephone

If your mailing address is different from your permanent street address, indicate here.

ACCOUNT MAILING ADDRESS

Street Address | Apt./Suite #

City | State | Zip Code

Business Telephone | Ext. | Home Telephone

3. OWNERSHIP INFORMATION (CONTINUED)

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

B. BENEFICIARY DESIGNATION

First Name | M.I. | Last Name

Relationship | Date of Birth (MM/DD/YYYY) | Social Security Number

Contingent Beneficiary

First Name | M.I. | Last Name

Relationship | Date of Birth (MM/DD/YYYY) | Social Security Number

Spousal consent:
If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or martial property state, including AZ, CA, ID, LA, NM, NV, TX, WA, WI, or Puerto Rico your spouse must sign below to consent to the beneficiary designation.

x

Signature of Spouse | Date (MM/DD/YYYY)

4. IRA DIRECT ROLLOVER/TRANSFER (IF APPLICABLE)

$

Amount | Date Distribution Received by Participant (MM/DD/YYYY)

Source:

☐ Qualified Corporate Retirement Plan ☐ Roth IRA ☐ SEP ☐ SIMPLE IRA

☐ Check here if you would like to segregate your Rollover Contribution ☐ Another IRA Plan

5. INITIAL INVESTMENT

Please indicate your choice of Fund(s) and the amount of your initial investment:
The minimum initial investment is $1 million.

SELECT FUNDS	SHARE CLASS	MINIMUM INITIAL INVESTMENT
☐ Growth	☐ I (630)	$
☐ Growth and Income	☐ I (628)	$
☐ Discovery Growth	☐ I (1978)	$
☐ Opportunistic Value	☐ I (637)	$
☐ Focus Growth	☐ I (644)	$
☐ Dividend Growth	☐ I (2023)	$
☐ Mid Cap Growth	☐ I (2211)	$
☐ Global Growth and Income	☐ I (631)	$
☐ International Growth	☐ I (648)	$
☐ Global Equity	☐ I (1916)	$
☐ Evolving World Growth	☐ I (1955)	$
☐ Emerging Market Equity	☐ I (2349)	$
☐ Convertible	☐ I (627)	$
☐ Global Convertible	☐ I (2973)	
☐ Market Neutral Income	☐ I (629)	$
☐ Hedged Equity Income	☐ I (2979)	
☐ Long/Short	☐ I (1957)	$
☐ High Income	☐ I (632)	$
☐ Total Return Bond	☐ I (1932)	$
☐ Fidelity Prime Money Market	☐ I (1973)	$

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.

6. SPECIAL SERVICES

Unless you indicate otherwise, you will have telephone privileges.

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 savings account deposit slip is required with your application; please attach to section C.

B. TELEPHONE PURCHASE AND EXCHANGE PRIVILEGES

☐ I do not want telephone PURCHASE privileges.* ☐ I do not want telephone EXCHANGE privileges.

☐ I authorize U.S. Bancorp Fund Services, LLC to electronically DEBIT my bank account for future purchases requested by telephone.*

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

If you are at least 59½ years old and have elected direct deposit of your dividends, you must attach a voided check or savings deposit slip.

C. BANK SERVICES

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)

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

7. 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.

Dealer/Adviser/Firm Name

Dealer Number (optional)

Branch

Branch Number

Representative's First and Last Name

Representative Number

Address

Suite/Floor/Department

City

State

Zip Code

Branch Telephone

Ext.

E-mail

8. HOUSEHOLDING AND CERTIFICATION

By signing this form, I consent to the "householded" delivery of any fund prospectus, shareholder report and other 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.

☐ Please check here if you do NOT consent to "householding" so each fund shareholder at your address will receive their own prospectus/report in the future.

I affirm that I have received a current prospectus of the Fund applied for and I agree to be bound by its terms. 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 Exchange Privilege will apply to my account unless I have specifically declined this Privilege in Section 6.B. 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.

I authorize the firm/registered representative listed in Section 7 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.

Your mutual fund account may be transferred to your state of residence if no activity occurs with your account during the inactivity period specified in your 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 3 (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 U.S. Citizen (including a U.S. 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.

9. ACCEPTANCE BY PARTICIPANT

I hereby adopt the Calamos Investment Trust Individual Retirement Account Plan and appoint U.S. 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 U.S. Citizen (including a U.S. Resident Alien).

Sign exactly as listed in "Your Account Type".

X

Signature of Participant

Date (MM/DD/YYYY)

10. CUSTODIAN ACCEPTANCE

The undersigned, U.S. Bank, N.A. by separate agreement and the below signature, offers to serve as Custodian in accordance with the Calamos Investment Trust Individual Retirement Account Plan once this Application Form has been properly completed and returned to the Custodian.

This section to be completed by U.S. Bank, N.A.

X

Signature

Date (MM/DD/YYYY)

CALAMOS®

Calamos Financial Services LLC, Distributor
2020 Calamos Court
Naperville, IL 60563-2787
800.582.6959
www.calamos.com/institutional
caminfo@calamos.com

© 2014 Calamos Investments LLC. All Rights Reserved.
Calamos® and Calamos Investments® are registered trademarks of Calamos Investments LLC.

IRAIAPP 929 REV 1214