

Automatic Investing Payroll Deduction Plan CALAMOS®

To complete this application, you will need:

» Your Social Security Number
» Your Calamos account number

» Your employer information

Authorization for Payroll Direct Deposit to a Calamos Family of Funds Account

Please complete this application and give it to your payroll department to establish your Payroll Direct Deposit Plan (the "Plan") with the Calamos Family of Funds. Before completing this application, check with your payroll department regarding the availability of this service through the Automated Clearing House. Establishing payroll deduction is dependent on your employer's HR/payroll department. Please print all information except signatures. Note: You must have an existing Calamos account before establishing payroll deductions with your employer.

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 INFORMATION

All Payroll Direct Deposits to retirement accounts will be reported as current year contributions.

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.

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name of Registered Owner	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*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Calamos Fund to Receive Investments	Payroll Number	
88* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -0- <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"/> <input type="text"/>	*If the Fund # to be noted in this section is only 3 digits long, it should be preceded by a "0" (i.e., zero)	
Account Number		
<input type="text"/>	<input type="text"/>	
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
<input type="text"/>	<input type="text"/>	
Routing number for employer reference only		

*By providing your e-mail address, you consent to receive periodic e-mails about Calamos Investments products and services.

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2. EMPLOYER INFORMATION

<input type="text"/>	
Employer's Name	
<input type="text"/>	<input type="text"/>
Street Address	Suite/Floor/Department
<input type="text"/>	<input type="text"/>
City	State Zip Code
<input type="text"/>	<input type="text"/>
Employer's Phone Number	Ext.

3. AMOUNT OF INVESTMENT

I understand that \$ will be deducted from my pay each pay period.

If you would like to have additional payroll direct deposits into other Calamos Funds, please fill out a separate application for each Fund account.

You may change this amount at any time by notifying your payroll department.
Minimum: \$50 per fund account.

4. SIGNATURE AND AUTHORIZATION

Submit this completed form to your payroll department.

I hereby authorize my employer to automatically deduct from my paycheck the total amount specified in section 3 and transmit that amount to the Calamos Investment account (hereinafter referred to as "Account") number indicated in section 1. Investments will be made at the then current net asset value of each fund selected including any applicable sales charge. All instructions under the Plan, including changes in the amount of the investment or cancellation of the Plan, must be made in writing to my employer. It is the sole responsibility of my employer to arrange for all transactions. If monies to which I am not entitled are transmitted by my employer to my Account, I authorize my employer to redeem on my behalf fund shares in the amount necessary to obtain the return of the entire amount of these monies. I authorize the Account and its transfer agent to follow all instructions by my employer in connection with transactions made under the Plan, including the redemption of fund shares, and I agree not to make claims against the Account or its transfer agent for following the instructions of my employer. The availability of funds in my Account is subject to verification of the transfer. The terms of the Plan may be terminated or modified at any time and without notice. I understand and agree to the terms set forth herein.

<input checked="" type="checkbox"/>	<input type="text"/>
Employee's Signature	Date (MM/DD/YYYY)

Payroll department use only.

<input type="text"/>	<input type="text"/>
Name of Payroll Department Representative	
<input checked="" type="checkbox"/>	<input type="text"/>
Signature of Payroll Department Representative	Date (MM/DD/YYYY)

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

CALAMOS®

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