

IRA Distribution Request

CALAMOS®
TODAY FOR TOMORROW

Mail to: Calamos Family of Funds

c/o U.S. Bank Global Fund Services
PO Box 219252
Kansas City, MO 64121-9252

Overnight mail to: Calamos Family of Funds

c/o U.S. Bank Global Fund Services
801 Pennsylvania Ave., Suite 219252
Kansas City, MO 64105-1307

To complete this application, you will need:

- » Account Number
- » Social Security Number

- » Bank account information
- » 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 IRA ACCOUNT INFORMATION

Please specify your account information.

Account Registration

Account Number

Social Security Number

2. TYPE OF DISTRIBUTION

Please select one

- ☐ **Early (Premature – subject to penalty tax).** Before age 59½. I understand that I may be responsible for paying a 10% premature withdrawal penalty (25% if from a SIMPLE IRA and within 2 years of initial SIMPLE participation) in addition to normal income tax for early withdrawal. Roth or Conversion Roth: Distribution within 5 years may be subject to 10% premature withdrawal penalty.
- ☐ **Early (Premature – not subject to penalty tax).** Before age 59½ and subject to one of the exceptions of Internal Revenue Code 72(t). Exceptions to the penalty include catastrophic medical expenses, certain health insurance premiums if unemployed, higher education expenses, first time home purchases (up to \$10,000) and certain installment distributions.
- ☐ **Death.** Please attach a copy of the Participant's death certificate. (Other forms may be required. Please contact a Customer Service Representative at 800.582.6959 for more information.)
- ☐ **Regular Distribution.** I have reached age 59½ or older. Roth or Conversion Roth: Distributions within 5 years may be subject to 10% premature withdrawal penalty.
- ☐ **Required Minimum Distribution.** I have reached the qualified age based on applicable IRS regulations and am required to begin receiving minimum distributions.
- ☐ **Disability.** Permanent or long-term disability only. Be sure to attach a current physician's statement of your disability.
- ☐ **Excess.** I am withdrawing the excess contribution I made in in the amount of \$.
- I understand that I am responsible for any tax filing requirements because I have overcontributed to my account.
- ☐ **Divorce (Qualified Domestic Relations Order).** By checking this box I represent that the distribution is payment to a former spouse incident to a decree of divorce. Be sure to attach certified copy of divorce decree.

IRA Distribution Request

3. REQUIRED MINIMUM DISTRIBUTIONS

To be completed only if the shareholder has reached the qualified age based on applicable IRS regulations and is required to take a mandatory distribution from a retirement account. Does not apply to Roth and Roth Conversion IRAs.

Please indicate your preference to the right. Please select only one.

☐ I will be taking the required minimum distribution amount from an IRA/Qualified Plan of my choice and hereby relieve U.S. Bancorp Fund Services, LLC, of this responsibility. **Go to Section 7.**

☐ I elect to take my first required minimum distribution by December 31, .
Go to Section 4.

☐ I elect to take my first required minimum distribution by April 1, , and another distribution before December 31, .
Go to Section 4.

4. METHOD OF DISTRIBUTION

Please select one.

☐ I wish to receive my required minimum distribution payable to the address of record.

☐ I wish to liquidate my entire account, payable to me and sent to the address of record listed on my mutual fund account or as specified below.
Go to Section 6.

☐ I wish to liquidate shares or \$ dollars in cash, payable to me and sent to the address of record listed on my mutual fund account or as specified below. **Go to Section 6.**

☐ I wish to have my excess contribution applied to my IRA / Qualified Plan contribution for tax year .
Please complete Section 7.

Please complete.

Fund name	Fund #	Dollar amount	or Percentage

Fund name	Fund #	Dollar amount	or Percentage

Fund name	Fund #	Dollar amount	or Percentage

Fund name	Fund #	Dollar amount	or Percentage

Please select one.

Special Payee options are as follows:

☐ Wiring redemption. Medallion Signature Guarantee is required and a \$15.00 wire fee applies. Please attach an unsigned, voided check or preprinted savings deposit slip and go to Section 6.

☐ Electronic funds transfer. Medallion Signature Guarantee is required. Please attach an unsigned, voided check or preprinted savings deposit slip and go to Section 6.

☐ Alternative payee and/or address other than address of record. Medallion Signature Guarantee is required.
Go to Section 6.

Alternative Payee

First Name	M.I.	Last Name

Street Address	Apt./Suite #

City	State	Zip Code

IRA Distribution Request

5. INSTALLMENT DISTRIBUTIONS (IF APPLICABLE)

Please select one.

A. FREQUENCY

- ☐ Annually (specify month and date)
- ☐ Semi – annually (specify month and date distributions should begin)
- ☐ Quarterly (specify month and date distributions should begin)
- ☐ Monthly (specify month and date distributions should begin)

(Future distributions will be made in the same manner.)

NOTE: If you fail to designate a periodic payment frequency, distributions will be made annually in December. If you do not specify a date, your withdrawals will be processed on or about the 25th of the month (for example, January 10th is 01/10).

Please select one.

B. PERIOD

- ☐ Uniform Lifetime Table (Standard IRS Method)
- ☐ Installment payments payable over the joint life expectancy of myself and my spouse who is 11 years younger than myself calculated annually.

Spouse's Birth Date (MM/DD/YYYY)

(Future distributions will be made in the same manner.)

NOTE: If you fail to designate a periodic payment period, distributions will be made payable over Uniform Table calculated annually.

6. WITHHOLDING ELECTION

To be completed by all shareholders.
The Tax and Equity and Fiscal Responsibility Act requires withholding of Federal Income Taxes from IRA distributions unless the participant elects otherwise.

Notice of Withholding on Retirement Plan Distributions

Please consult IRS Form W-4R available from www.irs.gov/pub/irs-pdf/fw4r.pdf. You may use these IRS tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. Review the "Suggestion for determining withholding" section of the IRS instructions to help determine the rate of withholding appropriate to your tax situation.

Federal withholding will automatically be deducted from distributions at the rate of 10% for IRAs, unless you check one of the boxes below. Certain Roth IRA distributions may not be subject to withholding.

You may elect a withholding rate from 0% to 100%. If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. Please be advised that withholding will be taken from the proceeds of your distribution. Should you wish to receive a specific net amount, you may want to consider increasing any specific amount noted in Section 4 of this form. For systematic distributions, your withholding election will remain in effect until you revoke or change it, which you may do at any time – please call a Customer Service Representative at 800.582.6959 to inquire further.

Some states require withholding regardless of your federal withholding election. Furthermore, state withholding is not available for certain states.

Specifying a rate other than the default, 10% for IRAs, affirms that you have consulted IRS Form W-4R, and the Marginal Rate Tables within, to determine your withholding percentage.

- ☐ Do not take federal withholding. I understand that I am responsible for payment of any federal or state taxes on my distribution(s).
- ☐ Please take federal withholding at a rate of _____% from my distribution(s). State withholding may also apply (refer to your state's guidelines for further information).
- ☐ Do not take state withholding.

IRA Distribution Request

7. SIGNATURE

This section must be completed.

► I understand that my distribution may be subject to Federal Income Tax and if I am neither disabled as defined in the Calamos Investment Trust IRA Plan nor at least age 59½ at the time of distribution, my distribution may be subject to a penalty tax in the amount of 10% of the distribution.

x

Participant's Signature

Date (MM/DD/YYYY)

8. MEDALLION SIGNATURE GUARANTEE

A Medallion Signature Guarantee is a method of identity verification that protects against fraud. It can be obtained from a bank, trust company, or other financial institution. A notary public is not an acceptable guarantor since it does not include financial assurance against fraudulent activity.

You'll need a Medallion Signature Guarantee if the proceeds of your withdrawal are in excess of \$50,000, are to be made payable to someone other than the shareholder of record, are to be mailed to an address other than that of your address of record (which also cannot have been changed within the last 30 days) or if the proceeds of your withdrawal are to be sent by electronic funds transfer (ACH) or wire to a bank account.

Medallion Signature Guarantee (Affix Medallion Signature Guarantee here)

CALAMOS®
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Calamos Financial Services LLC, Distributor
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