

Calamos Investments® Privacy Policy

At Calamos Investments, we are committed to conducting ourselves with total integrity and to the highest standards of prudent business practice. Your financial privacy is an important part of these activities. Our Privacy Policy outlines the steps we take to protect your personal information. Preserving your trust and confidence reflects our dedication to maintaining long-term client relationships.

Why It Is Important We Share Our Privacy Policy

We believe that maintaining the privacy of your personal financial information is an essential piece of the service that we provide. This Privacy Policy explains how Calamos Investments handles your personal financial information, and the procedures that we follow to ensure your privacy.

What Types of Personal Information Does Calamos Investments Collect?

We collect information about you to help serve your financial needs, provide customer service, and fulfill various legal and regulatory requirements. The type of information that we collect from you will vary based upon the product or service that we provide, and may include:

- > Information included on applications, questionnaires, new account forms and other related forms such as your name, address, Social Security number, assets and income;
- > Information about your transactions with us such as purchases, sales, account balances, and bank account information;
- > Information provided or captured on our website; including any information captured on our website through the use of "cookies".

How Does Calamos Investments Share Your Information?

First and foremost, Calamos Investments does not sell lists of client information, nor do we disclose client information to marketing companies, with the exception of companies we may hire to provide specific services for us, as described below. We do not disclose any of the information described above to anyone, except as provided by law. Specifically, Calamos Investments may share non-public personal information with our affiliates in the course of processing transactions, managing accounts on your behalf, or to inform you of products or services that we believe may be of interest to you. Additionally, we may share non-public personal information with the following types of third parties:

- > Our financial service providers such as custodians and transfer agents; and
- > Non-financial companies under servicing or joint marketing agreements, such as printing firms and mailing firms that may assist us in the distribution of investor materials.

In all cases, your information is strictly protected. These third parties are bound by law or by contract to use your information only for the services for which we hired them, and are not permitted to use or share this information for any other purpose. This policy applies to current and former clients. If you access our services or products through another financial intermediary, such as a wrap fee sponsor, your intermediary's policy will govern how it uses your personal information.

Calamos Investments® Privacy Policy

Your Right to Opt Out

Calamos Investments does not sell or distribute non-public information to third parties, except as provided above. If, in the future, our policies were to change, you would be notified and provided an opportunity to opt out of our disclosing that information. That is, you could tell us not to disclose the information to any other person or entity at any time. Also, if our policies were to change in the future and you are in a state that requires opting in to the sharing of your non-public information (such as Colorado, Connecticut or Virginia), you would be notified and asked to opt in.

Calamos Investments does not discriminate against clients who exercise any privacy rights, nor do we discriminate in responding to client requests for access to or deletion of their personal information.

How We Keep Your Information Secure and Confidential

In order to further protect you, Calamos Investments maintains strict internal security measures and monitors where your personal data is held. We restrict access to your personal and account information to those employees who need to know that information to service your account. We also maintain physical, electronic and procedural safeguards that comply with industry standards to guard our non-public personal information.

To protect your accounts online, encryption technology – such as Transport Layer Security – is used to prevent unauthorized access. Before accessing your accounts online, you are required to provide verification of who you are and a password/PIN number. We request your help in this process by keeping your identification information and password/PIN number private and restricting access to your personal computer.

As a client of Calamos Investments, you can rely on our commitment to protect your personal information and privacy.

CALAMOS COMPANIES PROVIDING THIS NOTICE:

- » Calamos Advisors LLC
- » Calamos Advisors Trust
- » Calamos Financial Services LLC
- » Calamos Investment Trust
- » Calamos Wealth Management LLC
- » Calamos Convertible Opportunities and Income Fund
- » Calamos Convertible and High Income Fund
- » Calamos Dynamic Convertible and Income Fund
- » Calamos Global Dynamic Income Fund
- » Calamos Global Total Return Fund
- » Calamos Strategic Total Return Fund
- » Calamos Global Opportunities Fund LP
- » Calamos Long/Short Equity & Dynamic Income Trust
- » Calamos ETF Trust
- » Calamos Antetokounmpo Asset Management LLC
- » Calamos Aksia Alternative Credit and Income Fund
- » Calamos Aksia Private Equity and Alternatives Fund
- » Calamos Aksia Hedged Strategies Fund

CALAMOS®
TODAY FOR TOMORROW

Calamos Investments LLC
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PRIVSTMTGEN 945 0925 CAL 10001

Entity Account Application

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Please do not use this form for IRA accounts.

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:

» Tax Identification Number for Entity	» A copy of your corporate documents (if applicable)
» Permanent street address for Entity	» A copy of your trust documents (if applicable)
» Signature(s) of Officer or Trustee for Entity	» A check for your initial investment payable to Calamos Funds
» Name, date of birth, permanent street address and Social Security Number for all listed Beneficial Owners	» 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) | ☐ Exempt Organization |
| ☐ S Corporation (including incorporated entities and LLC's that elect to be treated as a corporation) | ☐ Nonprofit Organization (exempt from providing "Beneficial Owner Information" in Section 2.B., but Section 2.C. "Controller Information" must be completed) |
| ☐ Partnership (including LLC's that elect to be treated as a partnership) | ☐ Other Entity – Please Explain: _____ |
| ☐ Limited Liability Company | ☐ Business or Statutory Trust: Trust Agreement Date (if applicable) |
| ☐ Limited Partnership | <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div> |
| ☐ Investment Club | (MM/DD/YYYY) |
| ☐ Union | ☐ Government Entity/Affiliate of Government Entity |
| ☐ REIT | |

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.

Entity Account Application

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 US territory to open an account.

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

Post Office Boxes do not meet the address requirement

PERMANENT STREET ADDRESS OF ENTITY

Street Address

City

Business Telephone

Ext.

Apt./Suite #

State

Zip Code

ACCOUNT MAILING ADDRESS

Street Address

City

Business Telephone

Ext.

Apt./Suite #

State

Zip Code

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 US 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 US Person)	Passport Number and Country of Issuance (For Foreign Person)

Entity Account Application

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 initial investment:

Minimum Investment: \$2,500 per fund.

Subsequent Investments: \$50 per fund account.

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	SELECT SHARE CLASS		INITIAL INVESTMENT
☐ Growth	☐ A (606)	☐ C (620)	\$
☐ Growth and Income	☐ A (604)	☐ C (618)	\$
☐ Timpani Small Cap Growth	☐ A (5650)	☐ C (5672)	\$
☐ Timpani SMID Growth	☐ A (5653)		\$
☐ Select	☐ A (634)	☐ C (636)	\$
☐ Dividend Growth	☐ A (1982)	☐ C (1983)	\$
☐ Global Opportunities	☐ A (607)	☐ C (621)	\$
☐ International Growth	☐ A (645)	☐ C (647)	\$
☐ International Small Cap Growth	☐ A (5785)	☐ C (5786)	\$
☐ Global Equity	☐ A (1913)	☐ C (1915)	\$
☐ Evolving World Growth	☐ A (1952)	☐ C (1954)	\$
☐ Convertible	☐ A (603)	☐ C (617)	\$
☐ Global Convertible	☐ A (2971)	☐ C (2972)	\$
☐ Market Neutral Income	☐ A (605)	☐ C (619)	\$
☐ Hedged Equity	☐ A (2977)	☐ C (2978)	\$
☐ Phineus Long/Short	☐ A (5084)	☐ C (5085)	\$
☐ High Income Opportunities	☐ A (608)	☐ C (622)	\$
☐ Total Return Bond	☐ A (1929)	☐ C (1931)	\$
☐ Short-Term Bond	☐ A (5617)		\$
☐ Global Sustainable Equities	☐ A (5703)	☐ C (5704)	\$
☐ Fidelity Investments Money Market Treasury Portfolio	☐ A (5141)		\$

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

Entity Account Application

5. SPECIAL SERVICES

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

A. DIVIDEND AND CAPITAL GAIN 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. AUTOMATIC INVESTMENT PLAN

US Bancorp Fund Services LLC, transfer agent for the Calamos Family of Funds, can automatically transfer a minimum of \$50 per fund account regularly from your checking or savings account. Your signed application must be received at least 15 business days prior to the initial transaction. You will be assessed a \$25 fee if the automatic purchase cannot be made due to insufficient funds, stop payment, the closing of your bank account, or any other reason, and the automatic purchase plan may be terminated. An unsigned, voided check or preprinted savings account deposit slip is required with your application.

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

FUND NAME	AMOUNT TO INVEST	ON WHICH DAY OF THE MONTH (OR ON THE FIRST BUSINESS DAY THEREAFTER)

Name(s) on Bank Account

Bank Name

Account Number

Bank Routing Number/ABA

Bank Address

City

State

Zip Code

Note: Any co-signer of a checking or savings account who is not a joint owner of the Funds must authorize these services by signing below.

Signature of Bank Account Owner

Date (MM/DD/YYYY)

Signature of Joint Bank Account Owner (if applicable)

Date (MM/DD/YYYY)

Unless you indicate otherwise, you will have telephone privileges and all checks will be sent to the address of record.

C. 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.

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

Entity Account Application

5. SPECIAL SERVICES (CONTINUED)

Name(s) on Bank Account

Bank Name

Account Number

Bank Routing Number/ABA

Bank Address

City

State

Zip Code

Note: Any co-signer of a checking or savings account who is not a joint owner of the Funds must authorize these services by signing below.

☒

Signature of Bank Account Owner

Date (MM/DD/YYYY)

☒

Signature of Joint Bank Account Owner (if applicable)

Date (MM/DD/YYYY)

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

D. BANK SERVICES

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

E. LETTER OF INTENT

☐ I agree to the Letter of Intent Provisions set forth in The Statement of Additional Information. Although I am not obligated to do so, it is my intention to invest over a 13-month period from the date of original purchase of shares in the Calamos Growth Fund, Calamos Growth and Income Fund, Calamos Timpani Small Cap Growth Fund, Calamos Timpani SMID Growth Fund, Calamos Dividend Growth Fund, Calamos Select Fund, Calamos Global Opportunities Fund, Calamos International Growth Fund, Calamos International Small Cap Growth Fund, Calamos Global Equity Fund, Calamos Evolving World Growth Fund, Calamos Convertible Fund, Calamos Global Convertible Fund, Calamos Market Neutral Income Fund, Calamos Hedged Equity Fund, Calamos Phineus Long/Short Fund, Calamos High Income Opportunities Fund, Calamos Total Return Bond Fund, Calamos Short-Term Bond Fund, and/or Calamos Global Sustainable Equities Fund in an aggregate amount at least equal to:

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.

☐ \$50,000 ☐ \$100,000 ☐ \$250,000 ☐ \$500,000 ☐ \$1,000,000

Entity Account Application

5. SPECIAL SERVICES (CONTINUED)

I plan to invest approximately the following amounts in these funds:

FUND NAME	ACCOUNT NUMBER	AMOUNT TO INVEST

This does not apply to Class I Shares.

F. RIGHTS OF ACCUMULATION

☐ I qualify for the cumulative quantity discount described in the prospectus. My other accounts within the Calamos Family of Funds are as follows:

FUND NAME	ACCOUNT NUMBER	ACCOUNT NAME

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.

 Dealer/Adviser/Firm Name	 Dealer Number (optional)
 Branch	 Branch Number
 Representative's First and Last Name	 Representative Number
 Address	 Suite/Floor/Department
 City	 State
 Branch Telephone	 Ext.
	 Zip Code

Entity Account Application

7. SIGNATURE AND CERTIFICATION

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 US 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 US person (including a US 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.

Printed Name of Authorized Signer

Signature of Authorized Signer

Date (MM/DD/YYYY)

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Calamos Financial Services LLC, Distributor
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