

# 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®**  
TODAY FOR TOMORROW

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PRIVSTMTGEN 945 0725 CAL 10001

# NEW ACCOUNT APPLICATION

Only Use for Investing in the Calamos Aksia Alternative Credit and Income Fund

Use this New Account Application to open an individual, joint, UGMA/UTMA, trust, or corporate account. If you have any questions about completing this form, please contact Shareholder Services at 888.882.8829.

**❑ IMPORTANT – ACTION REQUIRED – PLEASE READ BEFORE PROCEEDING:** As an interval fund, the Calamos Aksia Alternative Credit and Income Fund intends to conduct quarterly repurchase offers for between 5% and 25% of the Fund's outstanding shares at net asset value (NAV), pursuant to Rule 23c-3 under the Investment Company Act of 1940, as amended, unless such offer is suspended or postponed in accordance with regulatory requirements (see the Prospectus – "Share Repurchase Program"). Under normal market conditions, the Fund currently intends to offer to repurchase 5% of its outstanding Shares at NAV on a quarterly basis. In connection with any given repurchase offer, it is possible that a repurchase offer may be oversubscribed, with the result that Fund shareholders may only be able to have a portion of their shares repurchased. In such instances where shareholders tender for repurchase more than the Repurchase Offer Amount for a given repurchase offer, the Fund will repurchase the shares on a pro rata basis. (The Fund may accept all shares tendered for repurchase by shareholders who own less than 100 shares and who tender all of their shares, before prorating other amounts tendered.) By marking this box and signing this application, you acknowledge that you have read the Fund's Prospectus; you understand that this Fund offers limited liquidity, and that there is no guarantee that you will be able to sell all of the shares you desire to sell under the Fund's quarterly repurchase program. Without this written acknowledgment, the Fund will not accept your application to purchase Fund shares.

## IMPORTANT:

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open an account, you will be asked for your name, date of birth (for a natural person), your residential address or principal place of business, and mailing address, if different, as well as your Social Security Number or Taxpayer Identification Number. Additional information is required for corporations, partnerships and other entities. Applications without such information will not be considered in good order. The Fund reserves the right to deny an application if it is not in good order. Please note that the value of your account may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

## MAILING INSTRUCTIONS

Please send completed form to:

### Regular Mail Delivery

Calamos Aksia  
PO Box 2175  
Milwaukee WI 53201-2175

### Overnight Delivery

Calamos Aksia  
C/O UMB Fund Services, Inc  
235 W Galena Street  
Milwaukee WI 53212

## PART I: OWNER INFORMATION

Please choose the appropriate section to complete based upon the Account type you wish to establish. Note, if you are completing Section D, it is required that you provide beneficial owner information and authorized Controlling Individual.

### Section A:

☐ Individual or ☐ Joint\* (may not be a minor)

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*\*fill out section below if joint account*

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Section B:

☐ Uniform Gift/Transfers to Minor Account (UGMA, UTMA)

Minor Name: \_\_\_\_\_ Minor Social Security Number: \_\_\_\_\_

Minor Residence Address: \_\_\_\_\_  
Minor Date of Birth: \_\_\_\_\_  
Custodian Name: \_\_\_\_\_ Custodian Social Security Number: \_\_\_\_\_  
Custodian Residence Address: \_\_\_\_\_  
Custodian Mailing Address: \_\_\_\_\_  
Custodian Primary Phone: \_\_\_\_\_ Custodian Email Address: \_\_\_\_\_  
Custodian Date of Birth: \_\_\_\_\_

**Section C:**

☐ **Trust**

**Note: For a Statutory Trust, please complete the Entity section below.**

***Photocopy of the title page and signature page of Trust documents required.***

Name of Trust: \_\_\_\_\_ Date of Trust: \_\_\_\_\_  
Trust Tax ID Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Trustee: \_\_\_\_\_ Trustee Tax ID Number: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
  
Additional Trustee: \_\_\_\_\_ Additional Trustee Tax ID Number: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**Section D: Entity (choose from one of the following):**

☐ **Statutory Trust** ☐ **C-Corporation** ☐ **S-Corporation** ☐ **Partnership** ☐ **Government**

☐ **Other Entity:** \_\_\_\_\_

☐ **Limited Liability Company (LLC) Classified for tax purposes by one of the following:**

☐ **Partnership** ☐ **S-Corporation** ☐ **C-Corporation**

***Organization documentation required such as articles of incorporation. If a Statutory Trust, please include entire trust instrument.***

**Check if appropriate:** ☐ I am an exempt recipient as defined under U.S. federal income tax regulations (e.g., C-Corporation, financial institution, registered broker-dealer, or tax exempt organization).

Exempt payee code: \_\_\_\_\_ **Note:** Please see IRS Form W-9 for a list of exempt payee codes

Name of Entity: \_\_\_\_\_

Entity Tax ID Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Certification of Beneficial Owners for Legal Entity Clients**

This information is required by federal regulations as a means to identify and document information for individuals who own and/or control a legal entity.

To help the government fight financial crime, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. A legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in The United States of America or a foreign country. A legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

Do not complete if the entity is publically traded on an exchange or subject to ERISA.

**Beneficial Owners**

Identify each individual who owns—directly or indirectly through any agreement, arrangement, understanding, relationship, or otherwise—25% or more of the equity interests of the legal entity.

☐ Check this box if no individual owns 25% or more of the legal entity and that you will inform the Fund if/when an individual assumes 25% or more ownership.

**Beneficial Owner 1:**

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Beneficial Owner 2:**

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Beneficial Owner 3:**

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Beneficial Owner 4:**

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Authorized Controlling Individual**

Provide information for one individual with significant responsibility for managing the legal entity (ex: CEO, CFO, managing member, general partner, president, treasurer, etc.).

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**PART II: DUPLICATE ACCOUNT STATEMENT**

☐ Yes, please send duplicate statements to:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### PART III: INVESTMENT SELECTION

☐ Addendum attached for additional investment selections. If you need additional space to make investment selections, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

Fund Name	Share Class (if applicable)	Amount
Calamos Aksia Alternative Credit and Income Fund		\$ _____
Calamos Aksia Alternative Credit and Income Fund		\$ _____
Calamos Aksia Alternative Credit and Income Fund		\$ _____
Calamos Aksia Alternative Credit and Income Fund		\$ _____
		<b>TOTAL:</b> \$ _____

### PART IV: RIGHT OF ACCUMULATION

☐ I would like to use the combined assets in the following account(s) \_\_\_\_\_ to qualify for reduced sales charges. (Certain eligibility guidelines may apply.)

### PART V: LETTER OF INTENT

- ☐ I plan to invest over a 13 month period a total of at least: (Check only one box)  
☐ \$100,000   ☐ \$250,000   ☐ I am already investing under an existing letter of intent.

If you intend to invest a certain amount over a 13 month period, you may be entitled to reduced sales charges on your purchases.\* If the amount indicated is not invested within 13 months, regular sales charge rates will apply to shares purchased and any difference in the sales charge owed versus the sales charge previously paid will be deducted from escrowed shares. Please refer to the prospectus for terms and conditions.

- \* A contingent deferred sales charge may apply to proceeds of certain shares redeemed within 18 months of purchase. Please refer to the prospectus for complete terms and conditions.
- ☐ Process the enclosed purchase for NAV purchases. I certify that this account is eligible to purchase shares at NAV according to the terms set forth in the fund prospectus, and I have completed, if necessary, any required documentation.

### PART VI: PAYMENT METHOD

You can open your account using any of the methods below.

- ☐ **By Check**                      Enclose a check payable to Calamos Aksia for the total amount.
- ☐ **By Wire**                      For wire instructions call 888.882.8829. A New Account Application must be submitted in advance of sending an initial wire.

### PART VII: BANK ACCOUNT INFORMATION

Provide information about your checking or savings account to receive distributions by ACH, to make purchases by ACH, or to establish an automatic investment program by ACH.

- ☐ Attach a voided check or deposit slip for your bank account. **Please use tape; do not staple.**  
☐ Provide information about your bank account below.

Account Type:   ☐ Checking      ☐ Savings

Name of Bank: \_\_\_\_\_ Bank's Phone Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_ ABA Routing Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name(s) on Bank Account: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____	1003
PAY TO THE ORDER OF _____	Tape your voided check or preprinted deposit slip here.  Please do <u>not</u> use staples.	\$ _____  DOLLARS
BANK NAME BANK ADDRESS		
MEMO _____		

## PART VIII: DIVIDEND AND CAPITAL GAINS INSTRUCTIONS

All dividends will be reinvested unless one of the following is checked.

- ☐ Send all dividends and capital gains to the address in Part I.
- ☐ Send all dividends and capital gains to the bank listed in Part VII.

## PART IX: COST BASIS ELECTION

The Fund is responsible for tracking and reporting to the IRS your realized gains and losses on covered shares. In general, these are shares acquired on or after Jan. 1, 2012. Purchases or transfers made into your account with shares acquired prior to January 1, 2012, are referred to as noncovered shares. For all methods except Specific Identification, the fund redeems noncovered shares first until they are depleted and then applies your elected method to your remaining covered shares.

The Fund's default tax lot identification method is **FIFO (first-in, first-out)**, which means the first Fund shares you acquire are the first Fund shares sold. You may choose another method below. **Note: IRS Regulations do not permit the change of the method on a settled trade.** If you are using average cost as your method, by signing this application you agree to use the fair market value of the shares if the gift is at a loss.

- ☐ I choose the funds default method of FIFO
- ☐ I choose a method **other** than FIFO (select a method below)
  - ☐ HIFO –Highest in, First Out
  - ☐ LIFO – Last in, First Out
  - ☐ Specific Identification
  - ☐ Average Cost

If no option is selected above, your account will use the Fund's default method. If your account cost basis method is Average Cost, whether by election or default, and you are receiving a gift, you agree to receive that gift at FMV if received at a loss.

## PART X: ACCOUNT SERVICE OPTIONS

### Automatic Investment Program *(The completion of this section is optional)*

This option provides an automatic investment into your account by transferring money directly from your bank account information provided in Part VII via ACH (Automated Clearing House) on a scheduled basis. The automatic investment program may require a minimum deposit. Other account restrictions may also apply.

#### Frequency:

**Choose one\*:** ☐ Monthly or ☐ Quarterly

**Choose one\*:** ☐ 5<sup>th</sup> ☐ 10<sup>th</sup> ☐ 15<sup>th</sup> ☐ 20<sup>th</sup> or ☐ 25<sup>th</sup> Begin date (month/year): \_\_\_\_\_

*\*If no time frame or date is specified investments will be made monthly on the 15th. Your first automatic investment will occur no sooner than 15 days after receipt of this application*

Fund Name	Share Class (if applicable)	Amount
Calamos Aksia Private Equity and Alternatives Fund	_____	\$ _____
Calamos Aksia Private Equity and Alternatives Fund	_____	\$ _____
Calamos Aksia Private Equity and Alternatives Fund	_____	\$ _____
Calamos Aksia Private Equity and Alternatives Fund	_____	\$ _____
		<b>TOTAL: \$</b> _____

### Telephone Transactions

This option provides the ability to conduct purchase transactions by telephone. If you provide bank information, you will automatically be granted telephone privileges unless you decline them by checking below. If you decline, you will be required to submit a Medallion signature guarantee letter of instruction signed by all registered account owners to add telephone purchase privileges in the future.

- ☐ I decline telephone purchase privileges.

## PART XI: FOR DEALER USE ONLY

If dealer information is included in this section, your purchase will be made at the public offering price, unless otherwise instructed.

Representative's Full Name: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Representative's Branch Office Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dealer Number: \_\_\_\_\_ Branch Number: \_\_\_\_\_ Representative Number: \_\_\_\_\_

## PART XII: DOCUMENTATION OPTIONS

We generally deliver a single copy of most annual and semi-annual reports and prospectuses to investors who share the same address and last name. By signing this application, you consent to the delivery of one report and prospectus to the same address unless you indicate otherwise below. You have the right to revoke this consent at any time by calling or writing the Fund at the telephone number or address shown on the first page. The Fund will begin sending you individual copies of these mailings within 30 days after you revoke your consent.

☐ I want to receive individually addressed investor documents at the same address.

## PART XIII: PRIVACY NOTICE

The Funds collects non-public information about you from the following sources:

- Information we receive about you on the application form or other forms;
- Information you give us orally; and/or
- Information about your transactions with us or others.

We do not disclose any non-public personal information about our shareholders or former shareholders without the shareholder's authorization, except as permitted by law or in response to inquiries from governmental authorities. We may share information with affiliated and unaffiliated third parties with whom we have contracts for servicing the Fund. We will provide unaffiliated third parties with only the information necessary to carry out their assigned responsibilities. We maintain physical, electronic and procedural safeguards to guard your non-public personal information and require third parties to treat your personal information with the same high degree of confidentiality. In the event that you hold shares of the Fund through a financial intermediary, including, but not limited to, a broker-dealer, bank, or trust company, the privacy policy of your financial intermediary would govern how your non-public personal information would be shared by those entities with unaffiliated third parties.

## PART XIV: ACKNOWLEDGEMENT AND SIGNATURE *Note: This application will not be processed unless signed below by all account owners/trustees. For UGMA/UTMAs, the custodian should sign.*

### By signing below:

- I certify that I have received and read the current Prospectus and Privacy Notice of the Fund in which I am investing and agree to be bound by its terms and conditions. I certify that I have the authority and legal capacity to make this purchase and that I am of legal age in my state of residence.
- I authorize the Fund and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine and in accordance with the procedures described in the Prospectus for this account. I agree that neither the Funds nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions.
- I certify that I am not a Foreign Financial Institution as defined in the USA Patriot Act.

### By completing Part XIV and signing below:

I authorize credits/debits to/from the bank account referenced in conjunction with the account options selected. I agree that the Fund shall be fully protected in honoring any such transaction. I also agree that the Fund may take additional attempts to credit/debit my account if the initial attempt fails and I will be liable for any associated costs. All account options selected (if any) shall become part of this application and the terms, representations and conditions thereof.

By selecting the box below, I am certifying that I am **NOT** a U.S. Citizen.

☐ I am a Resident Alien

## REQUEST FOR TAXPAYER IDENTIFICATION NUMBER (Substitute Form W-9)

### Under penalty of perjury, I certify that:

1. The Social Security Number or Taxpayer Identification Number shown on this application is correct.
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a U.S. resident alien).
4. I am exempt from FATCA reporting.

**Certification Instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Signature of Owner, Trustee or Custodian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Joint Owner, Trustee or Custodian: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Owner's Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_



# AC PRIVATE MARKETS



Aksia | CALAMOS

**Calamos Financial Services LLC, Distributor**  
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