



Visit our website at www.heartlandfunds.com

IRA DISTRIBUTION FORM

OVERNIGHT DELIVERY TO:

Heartland Funds, c/o ALPS Fund Services,
1290 Broadway, Suite 1100, Denver, CO 80203

REGULAR MAIL TO:

Heartland Funds
P.O. Box 177, Denver, CO 80201-0177

FOR ASSISTANCE, PLEASE CALL A

SHAREHOLDER SERVICES REPRESENTATIVE
AT 1-800-432-7856.

1 ACCOUNT INFORMATION

NAME OF ACCOUNT OWNER _____

TELEPHONE NUMBER _____

ADDRESS _____

SOCIAL SECURITY NUMBER _____

FUND NAME/ACCOUNT NUMBER _____

2 DISTRIBUTION REASON (PLEASE SELECT ONE)

Please consult with your tax advisor for assistance in determining which Distribution Reason applies.

- Regular Distribution.** Participant is over age 59½ and no other reason applies.
 - Early (Premature) Distribution – IRS Penalty Applies.** Generally, if you are under age 59½, you must pay a 10% additional tax on the distribution of any assets (money or other property) from your traditional IRA.
 - Early (Premature) Distribution – IRS Penalty Exception.** Exceptions may apply if distribution is made for expenses related to first home purchase, medical, health insurance premiums, higher education, among others. Please see IRS Publication 590 for a complete list and explanation of exceptions.
 - Distributions Under Section 72(t) of Internal Revenue Code.** Substantially Equal Periodic Payments.
 - Removal of Excess Contribution.** Tax year the excess was made: _____. Excess contribution tax and penalty may apply.
 - Disability.** Permanent or long-term.
 - Death of Account Holder.** Please attach a certified copy of the Participant's death certificate. Other documentation may be required. Please contact a Heartland representative for assistance.
 - Divorce (Qualified Domestic Relations Order).** Please attach a certified copy of the divorce decree.
 - Required Minimum Distribution (For automatic withdrawals, distributions may be recalculated annually. Complete Section 3.):**
 - Please redeem \$_____ for my Required Minimum Distribution.** I am at least 70 ½ years old.
 - Please calculate my Required Minimum Distribution** according to the IRS distribution regulations and redeem that amount immediately. Is your spouse more than 10 years younger than you, and is he or she your sole beneficiary for the entire calendar year?
 - Yes. If yes, the joint life expectancy of you and your spouse, recalculated, is used. Spouse age: _____
 - No. If no, the uniform lifetime table is used to determine the required minimum distribution.
 - Convert my Traditional IRA to a Roth IRA.** Convert All Shares Dollar Amount \$_____ Percentage _____ %
 - To: A new Roth IRA (Complete and enclose an IRA new account form)
 - My existing Roth IRA* – Fund Name:_____ Account Number:_____
 - Recharacterize my Contribution.** Recharacterize my contribution of \$_____ for tax year _____ from my account_____
 - To: A new Traditional or Roth IRA (Complete and enclose an IRA Application)
 - My existing Traditional or Roth IRA – Fund Name:_____ Account Number:_____
 - Recharacterize my Roth IRA Conversion.** Recharacterize my conversion for tax year _____.
 - To: A new Traditional IRA (Complete and enclose an IRA new account form)
 - My existing Traditional IRA – Fund Name:_____ Account Number:_____
- All shares will be recharacterized unless you enter a specific dollar amount \$_____.

3 METHOD OF DISTRIBUTION (PLEASE CHECK ONE)

- Single Distribution.** Please Distribute \$ _____ or _____ shares from the account indicated in Section 1.
- Complete Distribution.** Please Liquidate all shares in the account indicated in Section 1. The annual IRA maintenance fee of \$15.00 may be charged at the time of the distribution.
- Systematic Withdrawals** – (Please complete sections A and B below.)
 - A. Amount of Systematic Withdrawal** – The amount indicated below will be distributed for each scheduled withdrawal.
 \$ _____ shares _____% _____ Please calculate my Required Minimum Distribution according to the IRS distribution regulations and begin systematic withdrawals.
 - B. Frequency of Systematic Withdrawal** – If no option is selected, distributions will be scheduled quarterly on the 5th. (**Medallion signature guarantee** will be required if the redemption proceeds will exceed \$50,000.)
 Monthly Quarterly Semi-Annual Annual Date to begin distributions: _____ (mm/yy)

4 METHOD OF PAYMENT (PLEASE CHECK ONE)

- Mail check to the address of record.
- Deposit Directly into my Heartland Funds non-IRA account # _____ OR open a new non-IRA account for distributions. (New Account Application must be attached.)
- Electronic Funds Transfer directly to my bank account indicated in section 5. (**Medallion signature guarantee** is required for this option if banking instructions are not previously established on the account.)
- Federal Wire directly to my bank account indicated in section 5. A wire fee may apply. (**Medallion signature guarantee** is required for this option if banking instructions are not previously established on the account.)
- Alternative Payee and/or Address as indicated below. (**Medallion signature guarantee** is required for this option.)

5 BANK AUTHORIZATION (PLEASE ATTACH A VOIDED CHECK)

Required for direct deposit into bank.

We must receive this form at least 15 business days prior to your initial transaction.

By selecting the electronic transfer options, I authorize the Heartland Funds to initiate credit and debit entries to my account(s) at the financial institution designated below through the Automated Clearing House (ACH) network, subject to the rules of the financial institution, ACH, and the Funds. The Heartland Funds, their transfer agent, and any of their respective affiliates, officers, directors, employees or agents (collectively "Heartland") will not be responsible for banking system delays beyond their control. Heartland will not be liable for acting upon instructions believed genuine and acted upon in accordance with the procedures described in the Funds' current prospectus or the rules of ACH. I understand that the electronic transfer options may be terminated by Heartland at any time if transfers fail for any reason beyond the control of Heartland. This authorization will remain in effect until I notify Heartland of its termination and Heartland has a reasonable time to act upon that termination notice.

BANK NAME	NAME(S) ON BANK ACCOUNT
BANK ADDRESS	<div style="display: flex; justify-content: space-between; align-items: center;"> <div>BANK ACCOUNT NUMBER</div> <div style="text-align: center;"> <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS </div> </div>
BANK ROUTING NUMBER OR ABA NUMBER	SIGNATURE OF BANK ACCOUNT OWNER (IF DIFFERENT THAN SHAREHOLDER)

6 WITHHOLDING INSTRUCTIONS

We are required to withhold Federal income tax (and state income tax depending on your residency) from IRA distributions. You may elect not to have federal and/or state income tax withheld by completing this section. **If no prior withholding election has been made, and no withholding election is made below, 10 percent Federal income tax and the applicable state income tax will be withheld.** You may change or revoke your withholding election at any time. This election applies to this distribution only.

If you elect not to have withholding apply to your distribution payments, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax as well as payment of any applicable penalties for insufficient withholding and estimated tax payments.

Taxes withheld from your distribution in accordance with your instructions will not be reversed.

A. Federal Tax Withholding Instructions

___ Please do not withhold Federal income tax.

___ Please withhold Federal income tax (10%) *

___ Please withhold Federal income tax at a rate of ___% (greater than 10%) *

*** State tax withholding is mandatory for the following states when Federal tax is withheld:** AR, CA, DE, IA, KS, MA, MD, ME, NC, OK, OR, VT. NE and VA withholding is required based on the type of retirement account. State tax will be applied at the current rate for the state in which you reside and is subject to change.

7 SIGNATURES

The Participant (or authorized party) hereby authorizes the distribution from this account to the undersigned and certifies that it is in accordance with the provisions of the IRA plan. I acknowledge that the Custodian cannot provide me with legal advice and I agree to consult with my own tax professional when I need tax advice. I indemnify the Custodian, its agents, successors and affiliates from any and all claims the undersigned may have or hereafter claim to have with respect to the distributions or in the event I fail to meet the minimum distribution requirements. I understand that I am responsible for any tax consequences that may result from the election I have made.

SIGNATURE OF ACCOUNT OWNER

DATE

MEDALLION SIGNATURE GUARANTEE (If required)

A Medallion Signature guarantee may be obtained from a commercial bank, savings and loan association, credit union, or broker-dealer. A notary public is not an acceptable guarantor.