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**IRA TRANSFER/ROLLOVER REQUEST 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 PERSONAL INFORMATION**

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

Please give us a daytime telephone number where we can reach you \_\_\_\_\_

**2 INFORMATION ABOUT THE IRA YOU ARE TRANSFERRING**

CURRENT CUSTODIAN, TRUSTEE OR EMPLOYER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ TYPE OF PLAN BEING TRANSFERRED/ROLLED \_\_\_\_\_

**Please include a copy of your most recent statement to process this transfer.**

**3 TYPE OF TRANSFER**

Select one:

- OPTION 1**  I am transferring monies from an existing Traditional IRA to a Heartland Funds Traditional IRA.
- OPTION 2**  I am transferring monies from an existing SEP IRA to a Heartland Funds SEP IRA.
- OPTION 3**  I am transferring monies from an existing Roth IRA to a Heartland Funds Roth IRA.
- OPTION 4**  I am directly rolling over my retirement plan to Heartland Funds Traditional IRA.

**4 TRANSFER INSTRUCTIONS FOR CURRENT CUSTODIAN/EMPLOYER**

I authorize and direct you to transfer the amount stated below to Heartland Funds

Select one:

- OPTION 1**  Liquidate entire account
- OPTION 2**  Liquidate \$ \_\_\_\_\_ or \_\_\_\_\_ %
- OPTION 3**  Transfer-in-kind. Transfer existing shares of Heartland Funds from another broker-dealer to Heartland Funds.

**For certificates of deposit,**

Select one:

- OPTION 1**  Liquidate immediately
- OPTION 2**  Liquidate and send upon maturity date of \_\_\_\_\_

Please make check payable to: Heartland Funds  
FBO/Traditional IRA/SEP IRA or Roth IRA

\_\_\_\_\_  
(CLIENT NAME) (SOCIAL SECURITY NUMBER)

**5 INVESTMENT INSTRUCTIONS FOR NEW CUSTODIAN**

Check one:

- Open a new account - I have attached my completed IRA application.
- Invest in my existing Heartland Funds IRA account # \_\_\_\_\_ as follows:

	Investor Class - \$500 minimum			Institutional Class - \$500,000 minimum		
	Amount	or	%	Amount	or	%
Select Value Fund	HRSVX \$ _____		(Fund 15804)	HNSVX \$ _____		(Fund 15807)
Mid Cap Value Fund	HRMDX \$ _____		(Fund 15809)	HNMDX \$ _____		(Fund 15810)
Value Plus Fund	HRVIX \$ _____		(Fund 15801)	HNVIX \$ _____		(Fund 15805)
Value Fund	HRTVX \$ _____		(Fund 15802)	HNTVX \$ _____		(Fund 15806)
International Value Fund	HINVX \$ _____		(Fund 15808)	HNNVX \$ _____		(Fund 15811)
<b>Total</b>	<b>\$ _____</b>		<b>100%</b>	<b>\$ _____</b>		<b>100%</b>

**6 TRANSFER INSTRUCTIONS FOR REQUIRED MINIMUM DISTRIBUTION (RMD)**

If this is a direct rollover, I authorize the Employer to distribute to me any RMD before the direct rollover is made.

If this is a transfer, I authorize the current Custodian or Trustee to (please check one):

- Distribute to me my RMD before transferring my IRA assets.
- Include the RMD in the transfer.
- Segregate and retain my RMD amount.

**7 SIGNATURE, ELECTION AND CERTIFICATION**

I authorize the movement of the assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the Custodian, Trustee or Employer. I understand that I am responsible for determining my eligibility to transfer or directly rollover within the limits set forth by tax laws, related regulations and plan agreements. I understand that special rules apply to SIMPLE IRA to Traditional IRA transfers. I assume responsibility for any tax consequences or penalties that may apply to the transfer or direct rollover of my assets and agree that the Custodian, Trustee or Employer shall in no way be responsible.

If this is a direct rollover, I have read and understand the IRC. Sec. 402(f) Notice provided to me by the Plan Administrator. Due to the important tax consequences of rolling funds over to an IRA, I have been advised to see a tax advisor. I assume full responsibility for this direct rollover transaction and will not hold the Plan Administrator, Custodian or Trustee of either the distributing or receiving plans liable for any adverse consequences that may result. I hereby irrevocably designate this contribution of the funds and/or property indicated above as a direct rollover contribution.

\_\_\_\_\_  
SIGNATURE OF IRA HOLDER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MEDALLION SIGNATURE GUARANTEE (ONLY IF REQUIRED BY CURRENT CUSTODIAN OR TRUSTEE)

\_\_\_\_\_  
DATE

**NOTE: Please call the current Custodian from whom you are transferring funds to see if they require a signature guarantee or other documentation.**

**8 ACCEPTING IRA CUSTODIAN**

The IRA designated by the above named individual is a valid IRA. BOKF, NA dba Colorado State Bank and Trust hereby agrees to serve as the Custodian for the IRA of the above named individual, and in that capacity, agrees to accept the transfer or direct rollover of the assets listed above.

\_\_\_\_\_  
AUTHORIZED SIGNATURE OF CUSTODIAN

\_\_\_\_\_  
DATE