



HEARTLAND FUNDS

AMERICA'S VALUE INVESTOR®

Visit our website at www.heartlandfunds.com

ACCOUNT MAINTENANCE FORM (Do not use this form for an IRA)

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 _____ FUND NAME _____

JOINT OWNER'S NAME (IF ANY) _____ ACCOUNT NUMBER _____

OWNER'S SOCIAL SECURITY NUMBER _____ DAY/EVENING PHONE _____

JOINT OWNER'S SOCIAL SECURITY NUMBER _____ DAY/EVENING PHONE _____

2 CHANGE OF ADDRESS

Note: You must be a U.S. Resident with a U.S. mailing address.

Permanent Street Address (P.O. Box is not acceptable):

STREET _____ APT. OR SUITE NUMBER _____

CITY, STATE, ZIP _____ EMAIL ADDRESS (OPTIONAL)* _____

*By providing your email address you consent to receive periodic email communication from Heartland Funds.

Mailing Address (If different from permanent address):

STREET OR P.O. BOX _____ APT. OR SUITE NUMBER _____

CITY, STATE, ZIP _____

3 DUPLICATE STATEMENT

Add the following interested party mailing address:

NAME _____ COMPANY NAME _____ EMAIL ADDRESS _____

STREET OR P.O. BOX _____ CITY, STATE, ZIP _____

4 CHANGE OF DIVIDEND AND CAPITAL GAINS OPTIONS

If you would like to change the distribution options on the account listed in section 1, please check the appropriate line(s) below:

Dividends: ___ Reinvest ___ Cash **Capital Gains:** ___ Reinvest ___ Cash

If any distributions are to be paid in cash, specify payment method below:

___ Direct deposit by Electronic Funds Transfer to bank account indicated in section 5E.

___ Mail check to address of record.

___ Automatically invest distributions in Heartland Fund Account Number: _____

5 ACCOUNT OPTIONS

A TELEPHONE/INTERNET OPTIONS

You may redeem or exchange shares by telephone/Internet unless these options are refused. You authorize the Fund and its agents to act on any telephone/Internet instructions and, subject to their reasonable procedures to confirm that telephone/Internet instructions are genuine, you agree that neither the Fund nor its agents shall be liable for any loss or expense to you resulting from acting on those instructions, and you hold each of them harmless from any liability arising therefrom.

I DO **NOT** WANT: Telephone Transactions Internet Transactions
 I DO WANT: Telephone Transactions Internet Transactions

B ADDITIONAL PURCHASE AND REDEMPTION OPTIONS

Establish the ability to:

- Make investments by telephone and Internet by initiating an Electronic Funds Transfer from the bank account below.
- Send redemption proceeds by Electronic Funds Transfer to the bank account below. (Funds are typically credited within two days after redemption).
- Send redemption proceeds by Federal Wire to the bank account below. (Wire transfer fee may apply).

C AUTOMATIC INVESTMENT PLAN

Establish regular investments in your Fund account through deductions from the bank account below.*

Frequency: Monthly Quarterly

_____	_____	_____	<input type="checkbox"/> 5th <input type="checkbox"/> 20th
FUND/ACCOUNT NUMBER	AMOUNT (\$50 MINIMUM)	START DATE	DAY(S) OF THE MONTH
_____	_____	_____	<input type="checkbox"/> 5th <input type="checkbox"/> 20th
FUND/ACCOUNT NUMBER	AMOUNT (\$50 MINIMUM)	START DATE	DAY(S) OF THE MONTH
_____	_____	_____	<input type="checkbox"/> 5th <input type="checkbox"/> 20th
FUND/ACCOUNT NUMBER	AMOUNT (\$50 MINIMUM)	START DATE	DAY(S) OF THE MONTH

*Complete section 5E of this Form to establish this option.

Important notes: If you fail to choose an amount or a date, the withdrawal amount will be \$50 and the withdrawal date will be the 5th (or next business day). Quarterly investments will be made during the months of March, June, September, and December, unless otherwise specified.

D SYSTEMATIC WITHDRAWAL PLAN

Establish regular withdrawals from your Fund account as indicated below:

Frequency: Monthly Quarterly

_____	_____	_____	<input type="checkbox"/> 5th <input type="checkbox"/> 20th
FUND/ACCOUNT NUMBER	WITHDRAWAL AMOUNT (\$100 MINIMUM)	START DATE	DAY(S) OF THE MONTH
_____	_____	_____	<input type="checkbox"/> 5th <input type="checkbox"/> 20th
FUND/ACCOUNT NUMBER	WITHDRAWAL AMOUNT (\$100 MINIMUM)	START DATE	DAY(S) OF THE MONTH
_____	_____	_____	<input type="checkbox"/> 5th <input type="checkbox"/> 20th
FUND/ACCOUNT NUMBER	WITHDRAWAL AMOUNT (\$100 MINIMUM)	START DATE	DAY(S) OF THE MONTH

Payment method:

- Send redemption proceeds to the address of record.
- Send redemption proceeds by Electronic Funds Transfer to the bank account below.
- Exchange to Heartland Fund Account number: _____

*Complete section 5E of this Form to establish this option.

Important notes: A systematic withdrawal (including an exchange) may be a taxable event. Purchases by exchange are made at the net asset value per share on the day of the exchange. The cost basis method on your account will be used for redemptions.

E BANK INFORMATION

A Medallion Signature guarantee may be required for any redemption request received by the Funds within 30 days of a change in bank instructions.

If you have requested direct deposit of dividend and capital gain distributions (section 4), Additional Purchase and Redemption Options (section 5B), an Automatic Investment Plan (section 5C), or a Systematic Withdrawal Plan (section 5D), complete this section. Attach a voided check.

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. Electronic Fund Transfers for purchase requests returned by your bank may be subject to a service fee by the transfer agent.

BANK NAME			

NAME(S) ON BANK ACCOUNT			
_____		_____	
BANK ADDRESS	BANK ACCOUNT NUMBER	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS
_____		_____	
BANK ROUTING OR ABA NUMBER		SIGNATURE OF BANK ACCOUNT OWNER (IF DIFFERENT THAN SHAREHOLDER)	

6 TRANSFER ON DEATH (TOD)

A Transfer on Death (TOD) beneficiary designation permits you to automatically transfer your Fund shares to a designated beneficiary upon your death. A TOD beneficiary designation may only be made for an individual or joint tenancy account. It may not be made for tenants in common, trust accounts, or IRAs. Ownership will be transferred to multiple beneficiaries in equal shares unless otherwise specified. Beneficiaries have no rights in Fund shares until shares are re-registered following account owner's death. We encourage you to check with legal counsel to determine if the TOD law of Wisconsin is recognized in your state and/or whether it is preferable to choose the TOD law of your state.

I hereby designate the below named individual and/or entity as the beneficiary on my Heartland Funds account, subject to the TOD laws of the state of Wisconsin. By making this designation, I hereby revoke any prior designations. I retain the right to revoke this designation and designate a new beneficiary or beneficiaries at any time by completing and returning an Account Maintenance Form to the Funds' transfer agent. I also understand that this TOD designation will apply to any future Heartland Fund account opened by exchange from my account. I agree for me, my heirs, assigns, successors, executors, and administrators, at all times, to indemnify and hold harmless any and all of the Heartland Funds, their transfer agent and investment adviser, and their respective directors, officers, employees, and agents, from and against any and all claims, liability, damages, actions, and expenses arising directly or indirectly out of or resulting from the transfer or payment of the balance in my account at the direction of the beneficiary designated herein.

_____	_____	_____	_____
BENEFICIARY NAME	RELATIONSHIP	PERCENTAGE DESIGNATION	SOCIAL SECURITY NUMBER/TAX ID NUMBER
_____		_____	
STREET OR P.O. BOX		CITY, STATE, ZIP	

Spousal Waiver: If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, your spouse must consent by signing below.

_____	_____	_____
SIGNATURE OF SPOUSE	MEDALLION SIGNATURE GUARANTEE	DATE

7 SHAREHOLDER SIGNATURE(S)

By signing, I certify that all information in this form is true and correct.

_____	_____	_____	_____
SIGNATURE OF OWNER	DATE	SIGNATURE OF JOINT OWNER (IF ANY)	DATE
_____		_____	
MEDALLION SIGNATURE GUARANTEE (IF REQUIRED)		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.**