



Visit our website at www.heartlandfunds.com

ACCOUNT MAINTENANCE FORM - FOR IRA ACCOUNTS

REGULAR MAIL TO:

Heartland Funds
P.O. Box 219942, Kansas City, MO 64121-9942

FOR ASSISTANCE AND OVERNIGHT MAILING,

PLEASE CALL A SHAREHOLDER SERVICES REPRESENTATIVE AT 1-800-432-7856.

1 ACCOUNT INFORMATION

NAME OF ACCOUNT OWNER

OWNER'S SOCIAL SECURITY NUMBER

FUND NAME

ACCOUNT 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 ACCOUNT OPTIONS

A TELEPHONE/INTERNET REDEMPTION/EXCHANGE OPTIONS

You may request a redemption or exchange of shares by telephone and exchanges via the 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 Redemption/Exchange Internet Exchange

I DO WANT: Telephone Redemption/Exchange Internet Exchange

B ADDITIONAL PURCHASE OPTIONS

Establish the ability to:

Make investments by telephone and Internet by initiating an Electronic Funds Transfer from the bank account below.*

*Complete section 4D of this Form to establish this option.

C AUTOMATIC INVESTMENT PLAN

Establish regular investments in your IRA 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 4D of this Form to establish this option.

Important notes:

All contributions made by automatic purchases will be credited for current calendar year only and cannot be considered prior year contributions.

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.

This privilege may be revoked without prior notice if a debit is refused upon presentation. It may be discontinued by the Fund or its transfer agent upon 30 days written notice prior to a payment date or by you by written notice to the transfer agent (effective three business days following receipt of the notice) and your bank.

D BANK INFORMATION

If you have requested Additional Purchase Options (section 4B), or an Automatic Investment Plan (section 4C), 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			
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
BANK ADDRESS	BANK ACCOUNT NUMBER	CHECKING	SAVINGS
_____	_____		
BANK ROUTING OR ABA NUMBER	SIGNATURE OF BANK ACCOUNT OWNER (IF DIFFERENT THAN SHAREHOLDER)		

5 CHANGE OF BENEFICIARY DESIGNATION

I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of this IRA and hereby revoke all prior beneficiary(ies) designations, if any, made by me. If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the IRA. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my IRA.

	NAME AND ADDRESS	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP	PRIMARY OR CONTINGENT	SHARE %
1					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
2					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
3					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
4					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
5					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
6					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%

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.

I am the spouse of the above-named IRA holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. I understand that the beneficiary designation(s) indicated above impact my interest in this IRA and I have been advised to see a tax professional regarding this decision. I hereby give the IRA holder any interest I have in this IRA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian or Investment Company.

SIGNATURE OF SPOUSE

DATE

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

SIGNATURE OF OWNER

DATE