



ACCOUNT APPLICATION

REGULAR MAIL TO:

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

**FOR ASSISTANCE AND OVERNIGHT MAILING,
PLEASE CALL A SHAREHOLDER SERVICES
REPRESENTATIVE AT 1-800-432-7856.**

Important information about procedures for opening a new account: 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.

What this means to you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We may delay or refuse to open an account until your identity can be verified. If we determine that you have misrepresented your identity, or that any documents used to verify your identity are of questionable validity, we may close your account. We may refuse to honor a third party request for a transaction on an account until we can verify the identity of that third party and verify certain information.

1 INVESTMENT

Please select the Heartland Fund(s) and indicate the amount of your initial investment. Make all checks payable to Heartland Funds.

Investor Class - \$1,000 Minimum*

Mid Cap Value Fund - HRMDX \$ _____ (Fund 15809)
Value Plus Fund - HRVIX \$ _____ (Fund 15801)
Value Fund - HRTVX \$ _____ (Fund 15802)

Institutional Class - \$500,000 Minimum

Mid Cap Value Fund - HNMDX \$ _____ (Fund 15810)
Value Plus Fund - HNVIX \$ _____ (Fund 15805)
Value Fund - HNTVX \$ _____ (Fund 15806)

* Waived with establishment of an Automatic Investment Plan.

___ If this is a purchase by wire, please check here and call for wire instructions and fees.

2 ACCOUNT INFORMATION (Please choose one of the account types listed below).

Heartland Funds are registered for sale in the United States plus all U.S. territories.

INDIVIDUAL OR JOINT ACCOUNT:

_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
NAME OF ACCOUNT OWNER	U.S. CITIZEN	U.S. RESIDENT ALIEN	DATE OF BIRTH	SOCIAL SECURITY NUMBER

DAY/EVENING PHONE				

_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
NAME OF JOINT OWNER (IF ANY)*	U.S. CITIZEN	U.S. RESIDENT ALIEN	DATE OF BIRTH	SOCIAL SECURITY NUMBER

* All joint accounts are considered Joint Tenants with Right of Survivorship unless otherwise specified.

UNIFORM GIFT (TRANSFER) TO MINOR ACCOUNT (UGMA/UTMA):

_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
CUSTODIAN'S NAME (ONLY ONE PERMITTED)	U.S. CITIZEN	U.S. RESIDENT ALIEN	DATE OF BIRTH	SOCIAL SECURITY NUMBER

MINOR'S NAME	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	U.S. CITIZEN	U.S. RESIDENT ALIEN	DATE OF BIRTH	SOCIAL SECURITY NUMBER

STATE OF RESIDENCE				DAY/EVENING PHONE

* For Corporate or other entity account types, please use the Entity Account Application. You may obtain this application by contacting an Investor Service Representative at 1-800-432-7856 or visit www.heartlandfunds.com.

3 ADDRESSES

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.

Joint Owner or Co-Trustee Address (Required if different than address above):

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

Mailing Address (If different from permanent address):

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

 Consent for Householding of Shareholder Documents:*I acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as Prospectuses, shareholder reports and other similar documents. I may contact Heartland Funds at any time to revoke my consent.* Consent Decline

Duplicate Statements (Optional):

Please send duplicate statements to:

NAME _____ COMPANY NAME _____

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

4 DIVIDEND AND CAPITAL GAIN OPTIONSPlease complete this section to elect a distribution option. If no option is selected or no bank information is provided, all dividends and capital gains will be reinvested. If ACH to Bank is selected, please complete **bank information** in Section 5D.Dividend distribution: Reinvest ACH to BankCapital Gains distribution: Reinvest ACH to Bank**5 ACCOUNT OPTIONS****A TELEPHONE/INTERNET OPTIONS**

Establish telephone/Internet options.

I understand that I will have telephone/Internet privileges, subject to the terms and conditions described in the Prospectus that was provided to me, unless I decline this privilege by checking the box(es) below. I understand that the Fund, Custodian and their agents are not responsible for losses resulting from unauthorized transactions when procedures reasonably designed to verify caller/online user identity are followed. I agree to hold the Fund, Custodian and their agents harmless for any loss, claim or liability for the execution of telephonic or Internet instructions. Telephone calls may be recorded for quality assurance purposes and accuracy.

These features are automatically established unless you check the box(es) below:

I DO NOT 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).*

*Complete section 5D of this Application to establish these options.

5 ACCOUNT OPTIONS (CONTINUED)

C AUTOMATIC INVESTMENT PLAN

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

Frequency: Monthly Quarterly Semi-Annually Annually

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

*Complete section 5D of this Application 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. **Please note, the date of your first automatic investment should be at least 3 days after this request.**

This privilege may be revoked without prior written 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 notice to the transfer agent (effective three business days following receipt of the notice).

D BANK INFORMATION

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

Should you wish to add or change bank information at a later date, a Medallion Signature Guarantee may be required.

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

CHECKING SAVINGS

BANK ROUTING OR ABA NUMBER

SIGNATURE OF BANK ACCOUNT OWNER (IF DIFFERENT THAN SHAREHOLDER)

ATTACH A VOIDED CHECK

8 SHAREHOLDER SIGNATURE(S) (CONTINUED)

Birth date and Social Security number (Tax ID) are required in Section 2 in order to open an account.

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

TITLE (IF APPLICABLE)

DATE

SIGNATURE OF JOINT-OWNER (IF ANY)

TITLE (IF APPLICABLE)

DATE

9 DEALER OR ADVISOR DESIGNATION (If you do not have a Dealer or Advisor assisting you with this transaction, please leave this section blank)

By this designation, I hereby authorize the Investment Company, Custodian and their agents to accept instructions from and transmit information to the Dealer or Advisor listed below.

FIRM NAME

FIRM NUMBER

REPRESENTATIVE NAME

REP NUMBER

TELEPHONE

BRANCH NUMBER

BRANCH ADDRESS



**HEARTLAND FUNDS' E-DELIVERY SERVICES ALLOWS YOU INSTANT ACCESS TO YOUR ACCOUNT INFORMATION.
SIGN-UP AT WWW.HEARTLANDFUNDS.COM.**