



Visit our website at www.heartlandfunds.com

IRA ADDITIONAL INVESTMENT 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 REGISTRATION

OWNER'S NAME (LAST, FIRST, MIDDLE INITIAL)

ACCOUNT NUMBER

JOINT OWNER (IF APPLICABLE)

DATE OF BIRTH (MM/DD/YY)

SOCIAL SECURITY NUMBER

CITY, STATE, ZIP CODE

() DAY PHONE

() EVENING PHONE

E-MAIL ADDRESS (OPTIONAL)

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

2 PURCHASE REQUEST

Purchases will be made at the next determined price after your instructions are received in good order. Requests for purchases on a specific date or at a specific price will not be honored.

How would you like to make your initial fund purchase?

Check (enclose with this form)

Wire

ACH

For the year: _____

Fund Name and Share Class

Amount

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Amount \$ _____

Please Note: Bank information must be on file prior to the request for purchase or redemption. If you choose to, please complete Section 3. If no tax year is indicated, contribution is posted for the tax year it is received.

3 UPDATE OR ADD BANK INSTRUCTIONS

Please provide bank information if you are establishing or modifying wire transfer capabilities and/or ACH transfer capabilities.

I would like to **add** bank information to this account to authorize purchase and redemptions via: ACH transfer and/or Wire transfer. I understand this authorization will allow me to make such transactions via telephone with an Investor Service Representative; using the automated service line; or on the website at www.heartlandfunds.com.

I would like to **modify** my current bank information on this account for purchases and redemptions via: ACH and/or Wire transfer.

Account type: Checking Savings

NAME ON BANK ACCOUNT

BANK NAME

ABA ROUTING NUMBER (FIRST 9 DIGITS AT THE BOTTOM OF THE CHECK OR DEPOSIT SLIP)

BANK ACCOUNT NUMBER (SECOND SET OF NUMBERS AT THE BOTTOM OF CHECK OR DEPOSIT SLIP)

Please attach a voided check or savings deposit slip from the specified bank account.

Adding/changing bank information requires a signature guarantee. Please see Section 5.

3 UPDATE OR ADD BANK INSTRUCTIONS (CONTINUED)

I authorize Heartland Funds to initiate credit and debit entries to my account at the bank that I have indicated. I further agree that Heartland Funds will not be held accountable for any loss, liability, or expense for acting upon my instructions. It is understood that this authorization may be terminated by me at any time by written notification to Heartland Funds. The termination request will be effective as soon as Heartland Funds has had reasonable time to act upon it.

4 BANK INFORMATION

I authorize I authorize Heartland Funds to make the changes indicated to my account.

I authorize Heartland Funds, and it's agents to act upon instruction (by phone, in writing or other means) believed to be genuine for this account or any account into which exchanges are made. I agree that neither Heartland Funds nor its agents and affiliates will be liable for any loss, cost or expense for acting on such instructions, provided the Fund employs reasonable procedures to confirm that instructions are genuine.

ALL owners of this account must sign below:

SIGNATURE _____ DATE (MM/DD/YY) _____ SIGNATURE _____ DATE (MM/DD/YY) _____

5 SIGNATURE GUARANTEE

A signature guarantee is required for adding or changing bank information.

To protect yourself against fraud, your signature(s) must be guaranteed ("Medallion Signature Guarantee") by any "eligible" guarantor. The Medallion Signature Guarantee stamp MUST include the words "Signature Guaranteed, Medallion Guaranteed" and comply with the Medallion program requirements. Signatures notarized by a Notary Public are not acceptable.

- Eligible guarantor's:
- Commercial Banks
 - Credit Unions
 - Member Firms of a domestic stock exchange
 - National Securities Exchange & Savings
(STAMP, SEMP, NYSE-MSP participation)
 - Savings Associations
 - Trust Companies

MEDALLION SIGNATURE GUARANTEE STAMP (ID REQUIRED) _____ BANK OR DEALER FIRM _____

OFFICER TITLE _____ OFFICER SIGNATURE DATE (MM/DD/YY) _____

[STAMP]

Please mail completed form to:

Regular Mail:
Heartland Funds
PO. Box 177
Denver, CO 80201

Overnight Mail:
Heartland Funds
1290 Broadway, Suite 1100
Denver, CO 80203

or Fax to 866-205-1499

If you have any questions, please contact an Investor Service Representative at 800-432-7856.