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**CHANGE OF REGISTRATION FORM (Do not use this form for an IRA)**

**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.**

Return this form with a new account application to transfer ownership of your Heartland Funds account(s). Please note that the shares will remain in the same fund and a new account number will be assigned. If you wish to transfer the shares to a different fund, please note that this exchange constitutes a sale and purchase for federal tax purposes.

This form is for Individual Accounts, Joint Accounts, Trust Accounts and Uniform Gifts/Transfer to Minors Act (UGMA/UTMA). Do not use this form for IRA Accounts. If transferring shares from a corporation, trust, partnership, retirement plan, or as a result of the death of an owner, additional documents may be required. For further instructions, call a Heartland representative at 1-800-432-7856.

**1 CURRENT ACCOUNT INFORMATION**

NAME(S) OF ACCOUNT OWNER(S) \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

STREET \_\_\_\_\_

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

**2 ACCOUNT NUMBER AND AMOUNT OF TRANSFER**

Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Check one:	Check one:	Check one:
<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All
<input type="checkbox"/> Dollars \$ _____	<input type="checkbox"/> Dollars \$ _____	<input type="checkbox"/> Dollars \$ _____
<input type="checkbox"/> Shares # _____	<input type="checkbox"/> Shares # _____	<input type="checkbox"/> Shares # _____

**3 NEW ACCOUNT INFORMATION**

Please attach a new Account Application.

NAME(S) OF ACCOUNT OWNER(S) \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

STREET \_\_\_\_\_

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

E-MAIL ADDRESS (OPTIONAL) \_\_\_\_\_

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

**4 CURRENT ACCOUNT OWNER(S) SIGNATURE**

SIGNATURE OF ACCOUNT OWNER/TRUSTEE \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE OF JOINT OWNER(S) IF ANY \_\_\_\_\_ DATE \_\_\_\_\_