



TRANSFER ON DEATH DESIGNATION 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.**

Use this form to designate or change Transfer on Death (TOD) beneficiaries on your individual or joint account(s). Do not use this form to designate beneficiaries on your retirement account(s). Please read the following Transfer on Death Guidelines and Disclosures for additional information.

If your intent is to establish a new account, please submit an account application with this form. **New Designation** **Change to Existing Designation**

1 ACCOUNT INFORMATION

ACCOUNT NUMBER

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

OWNER'S SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YY)

JOINT OWNER'S NAME (LAST, FIRST, MIDDLE INITIAL) (IF APPLICABLE)

JOINT OWNER'S SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YY)

ADDRESS OF RESIDENCE (REQUIRED) - P.O. BOX NOT ACCEPTED

CITY, STATE, ZIP CODE

MAILING ADDRESS - IF DIFFERENT FROM ABOVE (P.O. BOXES ACCEPTED)

CITY, STATE, ZIP CODE

DAY PHONE

EVENING PHONE

EMAIL ADDRESS (OPTIONAL)

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

2 DESIGNATION OF BENEFICIARIES

You may designate more than one beneficiary in each section below. Allocation percentages provided in each section must equal 100%. If no allocation is provided, assets will be divided proportionately among designated beneficiaries. Beneficiary designations provided below will replace all existing designations, if any. Please see the following page for additional information.

I/we hereby designate the following and revoke all previous designations.

Primary Beneficiary(ies)

NAME	DATE OF BIRTH (MM/DD/YY)	SOCIAL SECURITY NUMBER	PERCENTAGE
NAME	DATE OF BIRTH (MM/DD/YY)	SOCIAL SECURITY NUMBER	PERCENTAGE
NAME	DATE OF BIRTH (MM/DD/YY)	SOCIAL SECURITY NUMBER	PERCENTAGE
			Total Primary Percentage: 100%

Secondary Beneficiary(ies)

NAME	DATE OF BIRTH (MM/DD/YY)	SOCIAL SECURITY NUMBER	PERCENTAGE
NAME	DATE OF BIRTH (MM/DD/YY)	SOCIAL SECURITY NUMBER	PERCENTAGE
NAME	DATE OF BIRTH (MM/DD/YY)	SOCIAL SECURITY NUMBER	PERCENTAGE

3 SPOUSAL CONSENT (NOT REQUIRED IF JOINT ACCOUNT OWNERS ARE MARRIED)

If you are married and reside in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA or WI), you may need to obtain your spouse's consent if you have not designated your spouse as sole primary beneficiary.

I am the spouse of the above named account owner and hereby consent to the beneficiary designation on this form.

SIGNATURE OF OWNER'S SPOUSE

SIGNATURE OF JOINT OWNER'S SPOUSE

DATE (MM/DD/YY)

PRINTED NAME OF OWNER'S SPOUSE

PRINTED NAME OF JOINT OWNER'S SPOUSE

DATE (MM/DD/YY)

4 TRANSFER ON DEATH GUIDELINES AND DISCLOSURES

- A Transfer on Death (TOD) designation enables transferring ownership directly to designated beneficiaries upon the death of the last surviving account owner. Designated beneficiaries have no rights in the account as a result of this designation until the death of the last surviving account owner. Your beneficiary designation will not take effect until all account owners are deceased.
- TOD designations are available for non-retirement accounts registered in the name of an individual, or in the name of two or more individuals holding the account as joint owners with rights of survivorship or tenants by the entirety. Designations are not available for tenants in common, community property registrations, non-natural persons (i.e.: corporations, trusts, and associations), or in states which have not adopted or may not recognize TOD statutes. Your designation applies to the above referenced account including other assets/securities/funds acquired in the account subsequent to this designation.
- The owner(s) may designate one or more primary and secondary beneficiaries. Beneficiaries may be individuals, a trust, corporation, or other legal entity. Designations such as per stripes, per will, and complex beneficiary designations are not permitted. You may not designate a joint account owner as beneficiary. If the intended beneficiary is a minor, you must appoint a custodian upon registration of the minor beneficiaries account. Minors are permitted to be designated under the Uniform Transfers to Minors Act, but are not permitted to be designated under the Uniform Gift to Minors Act.
- At the death of the last surviving owner, assets will be transferred to primary beneficiaries based upon provided allocation percentages, or in proportionate amounts if no percentages were provided. If any primary beneficiary predeceases the last surviving owner, his or her shares will be allocated among the surviving primary beneficiaries in the relative percentages assigned to each surviving primary beneficiary, or in proportionate amounts if no percentages were provided. If no primary beneficiaries are living at the death of the last surviving owner, assets will be transferred to surviving secondary beneficiaries. If no beneficiaries survive the account owner, assets will be treated as belonging to the owner's estate.
- Existing creditors of the decedent may have a priority interest in account property as a result of existing debts.
- The owner(s) may change or revoke TOD designations at any time by sending written instruction to Heartland Funds, P.O. Box 177, Denver, Colorado 80201-0177. A TOD election may not be made irrevocable.
- Neither the Heartland Funds or its agent has an obligation to locate TOD beneficiaries upon the death of the last surviving account owner nor may it be held responsible for any claim or issue which may arise as a result of transferring assets per the deceased's instruction. Ownership will not be transferred until all required documentation is received, including satisfactory evidence of death.
- As TOD designations affect the disposition of property upon your death, you are advised to consult an attorney, tax, financial, and/or estate planning professional prior to completing and submitting any TOD designation. You are solely responsible for determining your eligibility.

5 SIGNATURES (ALL ACCOUNT OWNERS MUST SIGN)

The undersigned have read, understand, and agree to be bound by the above Transfer on Death Guidelines and Disclosures and hereby instruct Heartland Funds or its agent to establish Transfer on Death beneficiaries for the above named account and to transfer account proceeds to the designated beneficiary(ies) upon the death of the last surviving account owner and upon receipt of all required documentation. The undersigned hereby agree to indemnify and hold harmless Heartland Funds its agents and affiliates against any loss, claim, or expense (including attorney's fees) for acting in good faith in accordance with these instructions.

OWNER'S SIGNATURE

DATE (MM/DD/YY)

JOINT OWNER'S SIGNATURE (IF APPLICABLE)

DATE (MM/DD/YY)