

NAME CHANGE FORM

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 CURRENT ACCOUNT OWNER INFO	RMATION	
Please provide your name and address	ss exactly as they appear on	your most recent Heartland Funds account statement.
NAME		FUND NAME
STREET OR P.O. BOX		ACCOUNT NUMBER
CITY, STATE, ZIP		
DAY/EVENING PHONE		EMAIL
2 UPDATED ACCOUNT OWNER INFO	RMATION	
Please provide updated information include a copy of your legal change d		t to appear on your Heartland Funds' account(s). Be sure to tificate or divorce decree).
First Name	Middle Initial	Last Name
3 ACCOUNT OWNER SIGNATURE		
Please provide a signature in both yo	our former and new names. N	dedallion Signature guarantee required.
Signature of Account Owner in Forme	er Name	Date
Signature of Account Owner in New N	Name	Date
Place Medallion Signature Guarant	ee stamp here	