

Visit our website at www.heartlandfunds.com

## **ACCOUNT APPLICATION**

**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.

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 Fu	• •	e the amount of your				ble to Heartland Funds. ,000 Minimum
Mid Cap Value Fund - HRMDX	\$	(Fund 15809)	Mid Cap Value Fund	d - HNMDX	\$	(Fund 15810)
Value Plus Fund - HRVIX \$		(Fund 15801)	(Fund 15801) Value Plus Fund - HNVIX		\$	(Fund 15805)
Value Fund - HRTVX \$		(Fund 15802)	Value Fund - HNTV	(	\$	(Fund 15806)
* Waived with establishment	of an Automatic Inve	estment Plan.				
If this is a purchase by wi	re, please check he	ere and call for wire	nstructions and fee	6.		
2 ACCOUNT INFORMATIO	N (Please choose	one of the account	types listed below	).		
Heartland Funds are registered	d for sale in the Un	ited States plus all l	J.S. territories.			
☐ INDIVIDUAL OR JOINT AC	COUNT:					
NAME OF ACCOUNT OWNER		U.S. CITIZEN	U.S. RESIDENT ALIEN	DATE OF BIRT	Н	SOCIAL SECURITY NUMBER
DAY/EVENING PHONE						
NAME OF JOINT OWNER (IF ANY)*	k	U.S. CITIZEN	U.S. RESIDENT ALIEN	DATE OF BIRT	Н	SOCIAL SECURITY NUMBER
* All joint accounts are cor	* All joint accounts are considered Joint Tenants with Right of Survivorship unless otherwise specified.					
☐ UNIFORM GIFT (TRANSFI	ER) TO MINOR AC	COUNT (UGMA/UTI	<b>ЛА)</b> :			
CUSTODIAN'S NAME (ONLY ONE I	PERMITTED)	U.S. CITIZEN	U.S. RESIDENT ALIEN	DATE OF BIRT	Н	SOCIAL SECURITY NUMBER
MINOR'S NAME		U.S. CITIZEN	U.S. RESIDENT ALIEN	DATE OF BIRT	Н	SOCIAL SECURITY NUMBER
STATE OF RESIDENCE				DAY/EVENING	PHONE	

<sup>\*</sup> 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 c	communication from Heartland Funds.
Joint Owner or Co-Trustee Address (Required if different than add	ress 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:	
reports and other similar documents. I may contact Heartland Fur  Consent Decline  Duplicate Statements (Optional):  Please send duplicate statements to:	nds at any time to revoke my consent.
NAME	COMPANY NAME
STREET OR P.O. BOX	CITY, STATE, ZIP
4 DIVIDEND AND CAPITAL GAIN OPTIONS	
Please complete this section to elect a distribution option. If no capital gains will be reinvested. If ACH to Bank is selected, pleas	option is selected or no bank information is provided, all dividends and se complete <b>bank information</b> in Section 5D.
<b>Dividend distribution:</b> □ Reinvest □ ACH to Bank	
Capital 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, was provided to me, unless I decline this privilege by chec agents are not responsible for losses resulting from unauthor online user identity are followed. I agree to hold the Fund,	subject to the terms and conditions described in the Prospectus that king the box(es) below. I understand that the Fund, Custodian and their brized transactions when procedures reasonably designed to verify caller/Custodian and their agents harmless for any loss, claim or liability for one calls may be recorded for quality assurance purposes and accuracy.
These features are automatically established unless you chec	ck the box(es) below:
I DO NOT WANT:   Telephone Transactions   Internet	Transactions
B ADDITIONAL PURCHASE AND REDEMPTION OPTIONS	
Establish the ability to:	
$\hfill \square$ 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 within two days after redemption).*	the bank account below. (Funds are typically credited
☐ Send redemption proceeds by Federal Wire to the bank a	ccount below. (Wire transfer fee may apply).*

 $<sup>\</sup>star$ Complete section 5D of this Application to establish these options.

Establish regular investments in your Fund account through deductions from the bank account below.*  Frequency: Monthly Quarterly Semi-Annually Annually    Sth   20th						
Establish regular investments in your Fund account through deductions from the bank account below.*  Frequency:   Monthly   Quarterly   Semi-Annually   Annually    FUND NAME   AMOUNT (\$50 MINIMUM)   START DATE   DAY(\$) OF THE MONTH    FUND NAME   AMOUNT (\$50 MINIMUM)   START DATE   DAY(\$) 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).  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 designated below through the Automated Clearing House (ACH) network, subject to the rules of the financial institution and heartlands. The Heartland Funds, their transfers agent, and any of their respective affiliates, officers, directors employees or agents (collectively "Heartland") will not be responsible for banking system de	5	ACCOUNT OPTIONS (CONTINUED)				
Frequency:   Monthly   Quarterly   Semi-Annually   Annually	С	AUTOMATIC INVESTMENT PLAN				
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NAME(S) ON BANK ACCOUNT					e rules of the financial ates, officers, directors control. Heartland will described in the Funds' Heartland at any time notify Heartland of its	
NAME(S) ON BANK ACCOUNT		RANK NAME				
BANK ADDRESS BANK ACCOUNT NUMBER CHECKING SAVINGS		NAME(S) ON BANK ACCOUNT				
		BANK ADDRESS	BANK ACCOUNT NUMBER		CHECKING SAVINGS	

ATTACH A VOIDED CHECK

BANK ROUTING OR ABA NUMBER

SIGNATURE OF BANK ACCOUNT OWNER (IF DIFFERENT THAN SHAREHOLDER)

## TRANSFER ON DEATH (TOD)

A Transfer on Death (TOD) beneficiary designation permits you to automatically transfer your Fund shares to a designated beneficiary upon your death. A TOD beneficiary designation may only be made for an individual or joint tenancy account. It may not be made for tenants in common, trust accounts, or IRA's. Ownership will be transferred to multiple beneficiaries in equal shares unless otherwise specified. Beneficiaries have no rights in Fund shares until shares are re-registered following account owner's death. We encourage you to check with legal counsel to determine if the TOD law of Wisconsin is recognized in your state and/or whether it is preferable to choose the TOD law of your state.

I hereby designate the below named individual and/or entity as the beneficiary on my Heartland Funds account, subject to the TOD laws of the state of Wisconsin. By making this designation, I hereby revoke any prior designations. I retain the right to revoke this designation and designate a new beneficiary or beneficiaries at any time by completing and returning an Account Maintenance Form to the Funds' transfer agent. I also understand that this TOD designation will apply to any future Heartland Fund account opened by exchange from my account. I agree for me, my heirs, assigns, successors, executors, and administrators, at all times, to indemnify and hold harmless any and all of the Heartland Funds, their transfer agent and investment adviser, and their respective directors, officers, employees, and agents, from and against any and all claims, liability, damages, actions, and expenses arising directly or indirectly out of or resulting from the transfer or payment of the balance in my account at the direction of the beneficiary designated herein.

BENE	EFICIARY NAME	PERCENTAGE DESIGNATION	RELATIONSHIP	SOCIAL SECURITY NUMBER
STRE	EET OR P.O. BOX		CITY, STATE, ZIP	
	usal Waiver: If you name someone other t ital property state, including AZ, CA, ID, LA,			
SIGN	IATURE OF SPOUSE			DATE
7	COST BASIS METHOD SELECTION			
	cost basis of covered shares, generally sh thod, unless you elect a different method b			is determined using the fund's default
	Average Cost (ACST) Default Cost Basis M	lethod Low Co	ost (LOFO)	Specific Share Identification (SLID)
	First In, First Out (FIFO)	High C	ost (HIFO)	Secondary Method*
	Last In, First Out (LIFO)	Loss 0	Gain Utilization (LGUT)	

\*If you elect Specific Share Identification, you may also elect a Secondary Method, other than Average Cost, that will apply when lots are not specified. If a Secondary Method is not elected, the default is FIFO.

The method you elect will apply to covered shares for funds established under this account, including funds you may acquire at a later date, unless you instruct us otherwise. If available, cost basis for noncovered shares, generally shares acquired before January 1, 2012, is determined using the Average Cost method. Non-covered shares are redeemed prior to covered shares unless otherwise specified at the time of the redemption.

To determine which cost basis method is appropriate for your tax situation, please consult a qualified tax professional.

## 8 SHAREHOLDER SIGNATURE(S)

I have received and read the Prospectus and agree to the terms and conditions contained therein and in this Application, as amended from time to time. I have full authority and legal capacity to sign below. Under penalties of perjury, I certify that:

- 1. All information in this Application is true and correct, including the Social Security or Taxpayer Identification number (or I am waiting for a number to be issued to me),
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3. I am a U.S. person (including a U.S. resident alien).
- 4. I am exempt from FATCA reporting.

**Certification instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

If you do not provide a correct taxpayer identification number, you may be subject to a \$100 IRS penalty.

8 SHAREHOLDER SIGNATURE(S) (CONTINUED)					
Birth date and Social Security number (Tax ID) are	e required in Section 2 in order to open a	n account.			
The Internal Revenue Service does not require you to avoid backup withholding.	ur consent to any provision of this docum	ent other than the certifications required			
SIGNATURE OF OWNER	TITLE (IF APPLICABLE)	DATE			
SIGNATURE OF JOINT-OWNER (IF ANY)	TITLE (IF APPLICABLE)	DATE			
9 DEALER OR ADVISOR DESIGNATION (If you leave this section blank)	do not have a Dealer or Advisor assisting	ng you with this transaction, please			
By this designation, I hereby authorize the Investment information to the Dealer or Advisor listed below.	nent Company, Custodian and their agents	to accept instructions from and transmit			
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.

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