



ACCOUNT APPLICATION

OVERNIGHT DELIVERY TO:

Heartland Funds, c/o ALPS Fund Services,
1290 Broadway, Suite 1000, 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.

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 Fund(s) and indicate the amount of your initial investment. Make all checks payable to Heartland Funds.

Investor Class - \$1,000 Minimum*

Mid Cap Value Fund - HRMDX \$ _____ (Fund 15809)
Value Plus Fund - HRVIX \$ _____ (Fund 15801)
Value Fund - HRTVX \$ _____ (Fund 15802)

Institutional Class - \$500,000 Minimum

Mid Cap Value Fund - HNMDX \$ _____ (Fund 15810)
Value Plus Fund - HNVIX \$ _____ (Fund 15805)
Value Fund - HNTVX \$ _____ (Fund 15806)

* Waived with establishment of an Automatic Investment Plan.

___ If this is a purchase by wire, please check here and call for wire instructions and fees.

2 ACCOUNT INFORMATION (Please choose one of the account types listed below).

Heartland Funds are registered for sale in the United States plus all U.S. territories.

INDIVIDUAL OR JOINT ACCOUNT:

NAME OF ACCOUNT OWNER _____ U.S. CITIZEN U.S. RESIDENT ALIEN DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____
DAY/EVENING PHONE _____

NAME OF JOINT OWNER (IF ANY)* _____ U.S. CITIZEN U.S. RESIDENT ALIEN DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

* All joint accounts are considered Joint Tenants with Right of Survivorship unless otherwise specified.

UNIFORM GIFT (TRANSFER) TO MINOR ACCOUNT (UGMA/UTMA):

CUSTODIAN'S NAME (ONLY ONE PERMITTED) _____ U.S. CITIZEN U.S. RESIDENT ALIEN DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

MINOR'S NAME _____ U.S. CITIZEN U.S. RESIDENT ALIEN DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

STATE OF RESIDENCE _____ DAY/EVENING PHONE _____

* 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 communication from Heartland Funds.

Joint Owner or Co-Trustee Address (Required if different than address 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:

I acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as Prospectuses, shareholder reports and other similar documents. I may contact Heartland Funds at any time to revoke my consent.

Consent Decline

Duplicate Statements (Optional):

Please send duplicate statements to:

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 option is selected or no bank information is provided, all dividends and capital gains will be reinvested. If ACH to Bank is selected, please complete **bank information** in Section 5D.

Dividend distribution: 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, subject to the terms and conditions described in the Prospectus that was provided to me, unless I decline this privilege by checking the box(es) below. I understand that the Fund, Custodian and their agents are not responsible for losses resulting from unauthorized transactions when procedures reasonably designed to verify caller/online user identity are followed. I agree to hold the Fund, Custodian and their agents harmless for any loss, claim or liability for the execution of telephonic or Internet instructions. Telephone calls may be recorded for quality assurance purposes and accuracy.

These features are automatically established unless you check the box(es) below:

I DO NOT WANT: Telephone Transactions Internet Transactions

B ADDITIONAL PURCHASE AND REDEMPTION OPTIONS

Establish the ability to:

- 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 the bank account below. (Funds are typically credited within two days after redemption).*
- Send redemption proceeds by Federal Wire to the bank account below. (Wire transfer fee may apply).*

*Complete section 5D of this Application to establish these options.

5 ACCOUNT OPTIONS (CONTINUED)

C AUTOMATIC INVESTMENT PLAN

Establish regular investments in your Fund account through deductions from the bank account below.*

Frequency: Monthly Quarterly Semi-Annually Annually

_____	_____	_____	<input type="checkbox"/> 5th <input type="checkbox"/> 20th
FUND NAME	AMOUNT (\$50 MINIMUM)	START DATE	DAY(S) OF THE MONTH
_____	_____	_____	<input type="checkbox"/> 5th <input type="checkbox"/> 20th
FUND NAME	AMOUNT (\$50 MINIMUM)	START DATE	DAY(S) OF THE MONTH
_____	_____	_____	<input type="checkbox"/> 5th <input type="checkbox"/> 20th
FUND NAME	AMOUNT (\$50 MINIMUM)	START DATE	DAY(S) 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).

D 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, ACH, and the Funds. The Heartland Funds, their transfer agent, and any of their respective affiliates, officers, directors employees or agents (collectively "Heartland") will not be responsible for banking system delays beyond their control. Heartland will not be liable for acting upon instructions believed genuine and acted upon in accordance with the procedures described in the Funds' current prospectus or the rules of ACH. I understand that the electronic transfer options may be terminated by Heartland at any time if transfers fail for any reason beyond the control of Heartland. This authorization will remain in effect until I notify Heartland of its termination and Heartland has a reasonable time to act upon that termination notice. Electronic Fund Transfers for purchase requests returned by your bank may be subject to a service fee by the transfer agent.

BANK NAME

NAME(S) ON BANK ACCOUNT

BANK ADDRESS

BANK ACCOUNT NUMBER

CHECKING SAVINGS

BANK ROUTING OR ABA NUMBER

SIGNATURE OF BANK ACCOUNT OWNER (IF DIFFERENT THAN SHAREHOLDER)

ATTACH A VOIDED CHECK

6 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.

BENEFICIARY NAME	PERCENTAGE DESIGNATION	RELATIONSHIP	SOCIAL SECURITY NUMBER
STREET OR P.O. BOX	CITY, STATE, ZIP		

Spousal Waiver: If you name someone other than or in addition to your spouse as primary beneficiary, and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, your spouse must consent by signing below.

SIGNATURE OF SPOUSE	DATE
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7 COST BASIS METHOD SELECTION

The cost basis of covered shares, generally shares acquired on or after January 1, 2012, is determined using the fund's default method, unless you elect a different method below. Please check one box.

<input type="checkbox"/> Average Cost (ACST) Default Cost Basis Method	<input type="checkbox"/> Low Cost (LOFO)	<input type="checkbox"/> Specific Share Identification (SLID)
<input type="checkbox"/> First In, First Out (FIFO)	<input type="checkbox"/> High Cost (HIFO)	Secondary Method* _____
<input type="checkbox"/> Last In, First Out (LIFO)	<input type="checkbox"/> Loss 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 required in Section 2 in order to open an account.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE OF OWNER

TITLE (IF APPLICABLE)

DATE

SIGNATURE OF JOINT-OWNER (IF ANY)

TITLE (IF APPLICABLE)

DATE

9 DEALER OR ADVISOR DESIGNATION (If you do not have a Dealer or Advisor assisting you with this transaction, please leave this section blank)

By this designation, I hereby authorize the Investment Company, Custodian and their agents to accept instructions from and transmit information to the Dealer or Advisor listed below.

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.**



PRIVACY POLICY

Heartland respects its clients' right to privacy and understands that the privacy and security of nonpublic personal information is important and, therefore, maintains safeguards reasonably designed to protect client data from unauthorized access. Heartland does not sell this information to anyone and only shares such information with others as permitted by law or for the purpose of serving your investment needs.

WHAT INFORMATION HEARTLAND COLLECTS

Heartland collects only information that is either required or necessary to provide personalized investment services. Any information you choose to provide is kept confidential and allows Heartland to:

- Service your account;
- Deliver products and services that may be of interest to you;
- Prevent unauthorized access to your account;
- Improve shareholder service; and
- Comply with legal and regulatory requirements.

Depending on the nature of your relationship with Heartland, nonpublic personal information such as name, address, Social Security number, telephone number, and income may be collected from the following sources:

- Information Heartland receives from you on applications or other forms, on Heartland's website, or through other means;
- Information Heartland receives from you through transactions, correspondence, and other communications with Heartland, Heartland affiliates, and others; and
- Information Heartland otherwise obtains from you in connection with providing you a financial product or service.

WHAT INFORMATION HEARTLAND SHARES

Heartland does not share the information collected about its shareholders or former shareholders with any third parties, except as required or permitted by law or for the purpose of servicing shareholder needs. This means Heartland may disclose the information collected to companies who help maintain and service your account. For example, Heartland may share information with a transfer agent or clearing broker to process your securities transactions and update your accounts or to an external service provider so that your account statements can be printed and mailed. These companies are only permitted to use this information for the services for which Heartland hired them, and are not permitted to use or share this information for any other purpose. Heartland will share information with affiliates if the information is required to provide a product or service a shareholder requested. Additionally, Heartland may share information with its affiliates about shareholders or shareholder accounts in order to make shareholders aware of services and products which Heartland thinks may be of interest or value to them. Marketing from Heartland's affiliates may also include invitations to events sponsored by them. Affiliates are companies in the Heartland group of companies, such as Heartland Advisors and other mutual funds managed by Heartland Advisors. Heartland may also disclose nonpublic personal information to government agencies and regulatory organizations when permitted or required by law.

HOW HEARTLAND PROTECTS YOUR INFORMATION

For your protection, Heartland restricts access to your nonpublic personal information to those individuals who need to know that information to provide products and services to you. Heartland maintains physical, electronic, and procedural safeguards that are reasonably designed to comply with federal standards to maintain the confidentiality of your nonpublic personal information. The accuracy and protection of your personal information is important to Heartland.

HOW TO CONTACT HEARTLAND

You may limit Heartland's affiliates in the Heartland group of companies from marketing their products or services based on personal information that Heartland collects and shares with them. Your choice to limit marketing offers

from Heartland's affiliates will apply until you request a change to your choice. Your choice to limit marketing offers from Heartland's affiliates will not affect your ability to receive marketing materials directly from Heartland. If you have already made a choice to limit marketing offers from Heartland's affiliates, you do not need to act again. To limit marketing offers, contact Heartland at the telephone number listed below.

The accuracy of your personal information is important to Heartland.

You can correct, update, or confirm your personal information and limit marketing offers from Heartland's affiliates by calling Heartland at 1-800-432-7856.