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IRA TRANSFER/ROLLOVER REQUEST FORM

REGULAR MAIL TO:
Heartland Funds
PO. Box 219942, Kansas City, MO 64121-9942

**FOR ASSISTANCE AND OVERNIGHT MAILING,
PLEASE CALL A SHAREHOLDER SERVICES
REPRESENTATIVE AT 1-800-432-7856.**

1 PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY NUMBER _____

ADDRESS _____

CITY, STATE, ZIP _____

Please give us a daytime telephone number where we can reach you _____

E-MAIL ADDRESS (OPTIONAL) _____

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

2 INFORMATION ABOUT THE IRA YOU ARE TRANSFERRING

CURRENT CUSTODIAN, TRUSTEE OR EMPLOYER _____ ACCOUNT NUMBER _____

ADDRESS _____ PHONE NUMBER _____

CITY, STATE, ZIP _____ TYPE OF PLAN BEING TRANSFERRED/ROLLED _____

Please include a copy of your most recent statement to process this transfer.

3 TYPE OF TRANSFER

Select one:

- OPTION 1** I am transferring monies from an existing Traditional IRA to a Heartland Funds Traditional IRA.
- OPTION 2** I am transferring monies from an existing SEP IRA to a Heartland Funds SEP IRA.
- OPTION 3** I am transferring monies from an existing Roth IRA to a Heartland Funds Roth IRA.
- OPTION 4** I am directly rolling over my retirement plan to Heartland Funds Traditional IRA.

4 TRANSFER INSTRUCTIONS FOR CURRENT CUSTODIAN/EMPLOYER

I authorize and direct you to transfer the amount stated below to Heartland Funds

Select one:

- OPTION 1** Liquidate entire account
- OPTION 2** Liquidate \$ _____ or _____ %
- OPTION 3** Transfer-in-kind. Transfer existing shares of Heartland Funds from another broker-dealer to Heartland Funds.

For certificates of deposit,

Select one:

- OPTION 1** Liquidate immediately
- OPTION 2** Liquidate and send upon maturity date of _____

Please make check payable to: Heartland Funds
FBO/Traditional IRA/SEP IRA or Roth IRA

(CLIENT NAME)

(SOCIAL SECURITY NUMBER)

5 INVESTMENT INSTRUCTIONS FOR NEW CUSTODIAN

Check one:

- Open a new account - I have attached my completed IRA application.
- Invest in my existing Heartland Funds IRA account # _____ as follows:

	Investor Class - \$500 minimum			Institutional Class - \$500,000 minimum		
		Amount	or %		Amount	or %
Mid Cap Value Fund	HRMDX	\$ _____	_____ (Fund 15809)	HNMDX	\$ _____	_____ (Fund 15810)
Value Plus Fund	HRVIX	\$ _____	_____ (Fund 15801)	HNVIX	\$ _____	_____ (Fund 15805)
Value Fund	HRTVX	\$ _____	_____ (Fund 15802)	HNTVX	\$ _____	_____ (Fund 15806)
Total		\$ _____	<u>100%</u>		\$ _____	<u>100%</u>

6 TRANSFER INSTRUCTIONS FOR REQUIRED MINIMUM DISTRIBUTION (RMD)

If this is a direct rollover, I authorize the Employer to distribute to me any RMD before the direct rollover is made.
 If this is a transfer, I authorize the current Custodian or Trustee to (please check one):

- Distribute to me my RMD before transferring my IRA assets.
- Include the RMD in the transfer.
- Segregate and retain my RMD amount.

7 SIGNATURE, ELECTION AND CERTIFICATION

I authorize the movement of the assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the Custodian, Trustee or Employer. I understand that I am responsible for determining my eligibility to transfer or directly rollover within the limits set forth by tax laws, related regulations and plan agreements. I understand that special rules apply to SIMPLE IRA to Traditional IRA transfers. I assume responsibility for any tax consequences or penalties that may apply to the transfer or direct rollover of my assets and agree that the Custodian, Trustee or Employer shall in no way be responsible.

If this is a direct rollover, I have read and understand the IRC. Sec. 402(f) Notice provided to me by the Plan Administrator. Due to the important tax consequences of rolling funds over to an IRA, I have been advised to see a tax advisor. I assume full responsibility for this direct rollover transaction and will not hold the Plan Administrator, Custodian or Trustee of either the distributing or receiving plans liable for any adverse consequences that may result. I hereby irrevocably designate this contribution of the funds and/or property indicated above as a direct rollover contribution.

 SIGNATURE OF IRA HOLDER _____
DATE

 MEDALLION SIGNATURE GUARANTEE (ONLY IF REQUIRED BY CURRENT CUSTODIAN OR TRUSTEE) _____
DATE

NOTE: Please call the current Custodian from whom you are transferring funds to see if they require a signature guarantee or other documentation.

8 ACCEPTING IRA CUSTODIAN

The IRA designated by the above named individual is a valid IRA. BOKF, NA hereby agrees to serve as the Custodian for the IRA of the above named individual, and in that capacity, agrees to accept the transfer or direct rollover of the assets listed above.

 AUTHORIZED SIGNATURE OF CUSTODIAN _____
DATE