

NAME CHANGE FORM

OVERNIGHT DELIVERY TO:

Heartland Funds c/o ALPS Fund Services 1290 Broadway, Ste 1100, Denver, CO 80203

REGULAR MAIL TO:

Heartland Funds c/o ALPS Fund Services P.O. Box 177, Denver, CO 80201-0177

FOR ASSISTANCE, PLEASE CALL A HEARTLAND FUNDS' REPRESENTATIVE AT 1-800-432-7856

1 CURRENT ACCOUNT OWNER INFORMATION		
Please provide your name and address exact	ctly as they appear on your mos	st 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 INFORMATIO	N	
Please provide updated information exactl include a copy of your legal change docume		ar on your Heartland Funds' account(s). Be sure to r divorce decree).
First Name	Middle Initial	Last Name
3 ACCOUNT OWNER SIGNATURE		
Please provide a signature in both your form	ner and new names. Medallion	Signature guarantee required.
Signature of Account Owner in Former Nam	e	Date
Signature of Account Owner in New Name		Date
Place Medallion Signature Guarantee star	mp here	