

Visit our website at www.heartlandfunds.com

# **ACCOUNT APPLICATION**

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.

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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*		Institutional Class - \$500,000 Minimum			
Mid Cap Value Fund - HRMDX	\$	(Fund 15809)	Mid Cap Value Fund - HNMDX	\$	(Fund 15810)
Value Plus Fund - HRVIX	\$	(Fund 15801)	Value Plus Fund - HNVIX	\$	(Fund 15805)
Value Fund - HRTVX	\$	(Fund 15802)	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 Tenan	ts with Right of Surviv	orship unless otherw	ise specified.	
UNIFORM GIFT (TRANSFER) TO MINOR AC	COUNT (UGMA/UTM	/IA):		
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	
Perr	nanent Street Address (P.O. Box is not acceptable):	
STRE	ET	APT. OR SUITE NUMBER
CITY,	STATE, ZIP	EMAIL ADDRESS (OPTIONAL)*
*By	providing your email address you consent to receive periodic e	email communication from Heartland Funds.
Join	t Owner or Co-Trustee Address (Required if different than	n address above):
STRE	ET OR P.O. BOX	CITY, STATE, ZIP
Mail	ing Address (If different from permanent address):	
STRE	ET OR P.O. BOX	CITY, STATE, ZIP
$\wedge$	Consent for Householding of Shareholder Documents:	
		lidation of mailings) of regulatory documents such as Prospectuses, shareholder
	orts and other similar documents. I may contact Heartlan Consent 🛛 Decline	nd Funds at any time to revoke my consent.
Dup	licate Statements (Optional):	
Plea	se send duplicate statements to:	
NAME	Ξ	COMPANY NAME
STRE	ET OR P.O. BOX	CITY, STATE, ZIP
4	DIVIDEND AND CAPITAL GAIN OPTIONS	
	use complete this section to elect a distribution option. tal gains will be reinvested. If ACH to Bank is selected,	. If no option is selected or no bank information is provided, all dividends and , please complete <b>bank information</b> in Section 5D.

Dividend distribution:
ReinvestACH to Bank</ti>Capital Gains distribution:ReinvestACH 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

			🗌 5th 🛛 20th
FUND NAME	AMOUNT (\$50 MINIMUM)	START DATE	DAY(S) OF THE MONTH
			□ 5th □ 20th
FUND NAME	AMOUNT (\$50 MINIMUM)	START DATE	DAY(S) OF THE MONTH
			🗌 5th 🗌 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 I	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 othe marital property state, including AZ, CA, ID, I			

SIGNA	TURE OF SPOUSE	DATE
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.

Average Cost (ACST) Default Cost Basis Method	Low Cost (LOFO)	Specific Share Identification (SLID)
First In, First Out (FIFO)	High Cost (HIFO)	Secondary Method*
Last In, First Out (LIFO)	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)	
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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		