

LETTER OF INSTRUCTION FORM



HEARTLAND FUNDS
AMERICA'S VALUE INVESTOR®

Please use this form to change your Heartland Funds account options or provide general instructions. All shareholders must sign before any changes will be made; some changes will require a medallion guarantee.

SECTION 1: ACCOUNT INFORMATION

Name of Shareholder *(Please Print)*

Shareholder's Social Security Number

Date of Birth *(MM/DD/YY)*

Name of Joint Shareholder *(if any)*

Joint Shareholder's Social Security Number

Date of Birth *(MM/DD/YY)*

Fund Number and Share Class

Account Number

()

()

Day Phone

Evening Phone

E-Mail Address *(optional)*

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

SECTION 2: PLEASE WRITE INSTRUCTIONS BELOW

SECTION 3: REQUIRED SIGNATURE(S)

All shareholders listed on the current account registration must complete this section. By signing this Letter of Instruction Form, I certify that: 1) I understand that it is my responsibility to read the current prospectus for the Heartland Funds in which I choose to invest; 2) I am of legal age; 3) I allow the Heartland Funds to accept the instructions listed on this form; I agree to release the Heartland Funds, the transfer agent, their affiliates and agents from all liability and will indemnify them for any losses, damages or costs (including reasonable attorney's fees) or expenses for acting upon instructions if they follow reasonable procedures designed to prevent unauthorized transactions; 4) If a trustee, executor, administrator, guardian, committee, custodian, agent, or attorney makes the endorsement in fact, the endorser must sign his or her capacity following the signature. Please call our Investor Services Department for details regarding Proof of Capacity and certification requirements; 5) I understand that some privileges require a medallion guarantee and will not be executed until all shareholders have their original signatures medallion guaranteed by an eligible guarantor.

Signature of Shareholder

Date *(MM/DD/YY)*

Signature of Shareholder

Date *(MM/DD/YY)*

Title Capacity *(i.e. Trustee, executor, etc.)*

[Place Medallion Guarantee Here]

Please mail completed form to:

Regular Mail:

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.**

If you have any questions, please contact a Heartland Representative at 1-800-432-7856 or visit www.heartlandfunds.com.