

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

All dividends and capital gains distributions will be automatically reinvested **unless** you check one of the cash options below.

- Mail check to address of record. Dividend Capital Gain
- Direct deposit by Electronic Funds Transfer to the bank account indicated in section 5D. Dividend Capital Gain
- Automatically invest distributions in Heartland Fund Account No.: _____ Dividend Capital Gain

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.

C AUTOMATIC INVESTMENT PLAN

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

Frequency: Monthly Quarterly

_____	_____	_____	<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.

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.

We must receive this form at least 15 business days prior to your initial transaction.

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			
_____		<input type="checkbox"/>	<input type="checkbox"/>
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		

6 TRANSFER ON DEATH (TOD) (CONTINUED)

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

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 another method below. Please check one box.

- Average Cost (Default Cost Basis Method) High Cost, First Out (HIFO)
- First In, First Out (FIFO) Low Cost, First Out (LOFO)
- Last In, First Out (LIFO) Specific Share Identification-Manual Lot Selection*

*If lots are not specified for redemptions or other dispositions, shares will be redeemed using the FIFO method.

The method you elect will apply to all covered shares for the 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.

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).

Birth date and Social Security number (Tax ID) are required in Section 2 in order to open an account.

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

Per state requirements, property may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

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