



Visit our website at www.heartlandfunds.com

ACCOUNT APPLICATION

OVERNIGHT DELIVERY TO:

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

REGULAR MAIL TO:

Heartland Funds
P.O. Box 177, Denver, CO 80201-0177

FOR ASSISTANCE, PLEASE CALL A

SHAREHOLDER SERVICES REPRESENTATIVE
AT 1-800-432-7856 OR (414) 289-7000.

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.

1 INVESTMENT

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
Value Plus Fund	\$ _____ (Fund 020)	\$ _____ (Fund 120)
Value Fund	\$ _____ (Fund 023)	\$ _____ (Fund 123)
Select Value Fund	\$ _____ (Fund 027)	\$ _____ (Fund 127)

*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.

How did you hear about Heartland? ___ Print Ad ___ Radio ___ Internet ___ Referral ___ Other: _____

2 ACCOUNT INFORMATION (Please choose one of the account types listed below).

Heartland Funds are registered for sale in the United States, Puerto Rico and Guam.

INDIVIDUAL OR JOINT ACCOUNT:

NAME OF ACCOUNT OWNER	<input type="checkbox"/>	<input type="checkbox"/>	DATE OF BIRTH	SOCIAL SECURITY NUMBER
	U.S. CITIZEN	U.S. RESIDENT ALIEN		
DAY/EVENING PHONE				
NAME OF JOINT OWNER (IF ANY)*	<input type="checkbox"/>	<input type="checkbox"/>	DATE OF BIRTH	SOCIAL SECURITY NUMBER
	U.S. CITIZEN	U.S. RESIDENT ALIEN		

*All joint accounts are considered Joint Tenants with Right of Survivorship unless otherwise specified.

UNIFORM GIFT (TRANSFER) TO MINOR ACCOUNT (UGMA/UTMA):

CUSTODIAN'S NAME (ONLY ONE PERMITTED)	<input type="checkbox"/>	<input type="checkbox"/>	DATE OF BIRTH	SOCIAL SECURITY NUMBER
	U.S. CITIZEN	U.S. RESIDENT ALIEN		
MINOR'S NAME	<input type="checkbox"/>	<input type="checkbox"/>	DATE OF BIRTH	SOCIAL SECURITY NUMBER
	U.S. CITIZEN	U.S. RESIDENT ALIEN		
STATE OF RESIDENCE			DAY/EVENING PHONE	

CORPORATION, PARTNERSHIP, TRUST, AND OTHER:**

___ Corporation ___ Partnership ___ Trust ___ Other: _____

NAME OF ORGANIZATION	DATE OF AGREEMENT	TAX ID NUMBER
NAME OF TRUSTEE(S)	DATE OF BIRTH	SOCIAL SECURITY NUMBER
DAY/EVENING PHONE		

**Note: Attach a copy of the appropriate bylaws, corporate resolutions, a list of authorized traders or trust documents establishing authority to open this account. If such agreements or resolutions are not in existence, please contact Heartland Funds at 1-800-432-7856 for further assistance.

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 emails about Heartland Funds' products and services.

Mailing Address (If different from permanent address):

STREET OR P.O. BOX _____ APT. OR SUITE NUMBER _____

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 OPTIONSAll 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. (\$1,000 minimum. Funds are typically credited within two days after redemption).*
- Send redemption proceeds by Federal Wire to the bank account below. (\$1,000 minimum, 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).

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

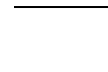
If you have requested direct deposit of dividend and capital gain distributions (section 4), Additional Purchase and Redemption Options (section 5B), or an Automatic Investment Plan (section 5C), complete this section.

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

SOCIAL SECURITY NUMBER/TAX ID NUMBER

STREET OR PO. BOX

CITY, STATE, ZIP

Spousal Waiver: If you name someone other than your spouse as beneficiary, your spouse may be required to consent to the designation you have made. A Medallion signature guarantee may be obtained from a commercial bank, savings and loan association, credit bureau, or a broker-dealer. A notary public is not an acceptable guarantor.

SIGNATURE OF SPOUSE

DATE

7 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.

SIGNATURE OF OWNER

TITLE (IF APPLICABLE)

DATE

SIGNATURE OF JOINT-OWNER (IF ANY)

TITLE (IF APPLICABLE)

DATE

8 DEALER INFORMATION (For office use only)

FIRM NAME

FIRM NUMBER

REPRESENTATIVE NAME

REP NUMBER

TELEPHONE

BRANCH NUMBER

BRANCH ADDRESS