



Visit our website at www.heartlandfunds.com

COVERDELL EDUCATION SAVINGS ACCOUNT TRANSFER REQUEST FORM

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.

1 PERSONAL INFORMATION

NAME OF DESIGNATED BENEFICIARY

SOCIAL SECURITY NUMBER

NAME OF RESPONSIBLE INDIVIDUAL

ADDRESS

CITY, STATE, ZIP

Please give us a daytime telephone number where we can reach you _____

2 INFORMATION ABOUT THE COVERDELL ESA YOU ARE TRANSFERRING

CURRENT CUSTODIAN, TRUSTEE

ACCOUNT NUMBER

ADDRESS

PHONE NUMBER

CITY, STATE, ZIP

Please include a copy of your most recent statement to process this transfer.

3 TRANSFER INSTRUCTIONS FOR CURRENT CUSTODIAN

I authorize and direct you to transfer the amount stated below to Heartland Funds

Select one:

OPTION 1 Liquidate entire account

OPTION 2 Liquidate \$_____ or _____%

OPTION 3 Transfer-in-kind. Transfer existing shares of Heartland Funds from another broker-dealer to Heartland Funds.

For Certificates of deposit,

Select one:

OPTION 1 Liquidate immediately

OPTION 2 Liquidate and send upon maturity date of _____

Please make check payable to: Heartland Funds
FBO/Coverdell ESA

(CLIENT NAME)

(SOCIAL SECURITY NUMBER)

4 INVESTMENT INSTRUCTIONS FOR NEW CUSTODIAN

Select one:

- Open a new account – I have attached my completed Coverdell ESA application.
- Invest in my existing Heartland Funds Coverdell ESA account as follows:

	Amount	or	%
<input type="checkbox"/> Value Plus Fund (020)	\$ _____		_____
<input type="checkbox"/> Value Fund (023)	\$ _____		_____
<input type="checkbox"/> Select Value Fund (027)	\$ _____		_____
Total	\$ _____		<u>100%</u>

5 SIGNATURE, ELECTION AND CERTIFICATION

I certify that I am the proper party to authorize the transfer of the Coverdell ESA assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the Trustee or Custodian.

I understand that I am responsible for determining that this Coverdell ESA transfer qualifies under the rules and conditions applicable to such transfers and agree to abide by those rules and conditions. I assume responsibility for any tax consequences or penalties that may apply to the transfer of these assets and I agree that the Trustee or Custodian shall in no way be held responsible.

COVERDELL ESA RESPONSIBLE INDIVIDUAL

DATE

SIGNATURE GUARANTEE (ONLY IF REQUIRED BY CURRENT CUSTODIAN OR TRUSTEE)

DATE

NOTE: Please call the current Custodian from whom you are transferring funds to see if they require a signature guarantee or other documentation.

6 ACCEPTING ESA CUSTODIAN

The ESA designated by the above named individual is a valid ESA. Colorado State Bank and Trust, N.A., hereby agrees to serve as the Custodian for the ESA of the above-named individual, and in that capacity, agrees to accept the transfer of the assets listed above.

AUTHORIZED SIGNATURE OF CUSTODIAN

DATE