

AUTOMATIC REDEMPTION SERVICE



Mailing Address
 Weitz Funds
 P.O. Box 219320
 Kansas City, MO 64121-9320

Overnight Mailing Address
 Weitz Funds
 c/o Boston Financial Data Services
 330 W. 9th St.
 Kansas City, MO 64105-1514

Phone
 (800) 304-9745
Fax
 (402) 391-2125
Email
 clientservices@weitzinvestments.com

1. WEITZ FUNDS ACCOUNT NUMBER (For an IRA account, please also complete an IRA Withdrawal Form)

_____ Fund _____ Account _____

- This is a new request for automatic redemption service.
- This is an update to existing automatic redemption service.
- This is an addition to existing automatic redemption service.

2. BANK INFORMATION

Bank Name _____ Bank Account Number _____

Bank Address _____ Bank Account Title _____

Bank Routing Number _____ (Nine digit number) Bank Account Type Checking Savings
 Please attach a voided check or savings deposit slip for this bank account.

3. AUTOMATIC REDEMPTION BY ACH

If requesting a required minimum distribution from an IRA account, please note the amount as "RMD" and attach a completed IRA Withdrawal Form.

FUND	\$ AMOUNT	6 th	13 th	20 th	27 th	FREQUENCY			Beginning (Month/Year)
						Monthly	Quarterly	Semi-Annually	
Value Fund/(WVALX) & (WVAIX)/328 & 541	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____
Partners Value Fund/(WPVLX) & (WPVIX)/331 & 562	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____
Partners III Opportunity Fund (WPOPX) & (WPOIX)/310 & 436	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____
Hickory Fund/(WEHIX)/332	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____
Balanced Fund/(WBALX)/400	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____
Short Duration Income Fund/(WEFIX) & (WSHIX)/329 & 437	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____
Core Plus Income Fund/(WCPBX) & (WCPNX)/573 & 574	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____
Nebraska Tax-Free Income Fund/(WNTFX)/311	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____
Ultra Short Government Fund/(SAFEX)/3330	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____

I authorize Weitz Funds and the bank named in the Bank Information section to initiate entries to my account (\$25 minimum per purchase). I further authorize such entries to my account, per these instructions, as may be necessary to adjust any entries that were previously initiated. I authorize the bank to accept and to credit the amount of such entries to my account.

This authority will remain in effect until I notify you to cancel. I can stop or change the dollar amount of this automatic service by notifying you three (3) business days before my account is charged. Changes to bank information require fifteen (15) days notice.

ACH processing takes approximately two (2) business days to complete; therefore, the redemption from your Weitz Funds account will occur on the above DAY OF THE MONTH, but the funds will arrive at your financial institution approximately two (2) business days later. If any weekends or holidays occur on these days, the redemption will be processed on the next business day.

4. ACCOUNT OWNER SIGNATURE(S) (All owners must sign)

Account Owner _____ Date _____ Account Owner _____ Date _____

Account Owner _____ Date _____ Account Owner _____ Date _____