



**WEITZ FUNDS**

**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@weitzfunds.com

# GIFT OR TRANSFER OF SHARES

Please do not use for IRA accounts

Use this form to make a gift or transfer of shares to an individual or a non-profit organization or for re-registration (name change, divorce/separation, individual to trust, etc.).

## 1. REASON FOR TRANSFER

(NOTE: If a reason is not provided, this transfer will be defaulted to gift)

Re-registration (name change, divorce/separation, individual to trust, etc.)

Death (inheritance)

Date of Death \_\_\_\_\_ (required)

Alternate Valuation Date \_\_\_\_\_ or Alternate Value \$ \_\_\_\_\_ (optional)<sup>1</sup>

<sup>1</sup>There is a special rule under the estate tax that allows the executor (the person in charge of the estate) to elect a different valuation date in certain cases. If the estate qualifies for this election, and the executor makes the election, the valuation date is six months after the date of death. The principal reason for making this election is to reduce the amount of estate tax that must be paid. But the election also has an effect on income tax, because it means you will now use the later date to determine your basis.

Gift

Date of Gift \_\_\_\_\_

Fair Market Value Acceptance \_\_\_\_\_  
(Signature of new owner)

If the recipient's existing account or new account will use the Average Cost accounting method, they must sign above indicating acceptance of the shares valued at fair market value of the date of gift or settlement date if the shares should be transferred at a loss.

## 2. CURRENT ACCOUNT INFORMATION

Fund Name \_\_\_\_\_

Joint Owner's Name \_\_\_\_\_  
(or Co-Trustee, etc.)

Account Number \_\_\_\_\_

Owner's Social Security Number \_\_\_\_\_  
(or Tax ID number)

Owner's Name \_\_\_\_\_  
(or Trustee, Custodian, etc.)

Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_

Email address \_\_\_\_\_ @ \_\_\_\_\_

## 3. TRANSFER INSTRUCTIONS

Transfer the amount indicated below: (check one box only)

Transfer shares equal to \$ \_\_\_\_\_ (Slight fluctuation of dollar amount possible due to Net Asset Value on the day of transfer)

\_\_\_\_\_ shares

\_\_\_\_\_ % of account (If total account, 100%)

Continued on reverse side

