

Do not use this form for Roth IRA conversions. If you want to do a conversion, please contact us to request a conversion form.

Mail this form with the IRA Application to Weitz Funds at the address below.

1. IRA HOLDER'S NAME AND ADDRESS

Name _____ Social Security Number _____
 Mailing Address _____ City/State _____ Zip Code _____
 Home Phone _____ Work Phone _____ E-mail Address _____

2. CURRENT IRA/RETIREMENT PLAN INFORMATION

Current Custodian/Trustee/Employer _____ Account Number (current IRA or plan) _____
 Mailing Address _____ City/State _____ Zip Code _____
 Phone Number _____ Type of Plan Being Transferred/Rolled _____ Maturity Date (for CDs only) _____

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

3. TRANSFER/ROLLOVER INSTRUCTIONS FOR CURRENT CUSTODIAN/EMPLOYER

Select one:

- OPTION 1** I am transferring monies from an existing Traditional IRA to a Weitz Funds Traditional IRA
- OPTION 2** I am transferring monies from an existing SEP IRA to a Weitz Funds SEP IRA.
- OPTION 3** I am transferring monies from an existing Inherited IRA to a Weitz Funds Inherited IRA.
- OPTION 4** I am transferring monies from an existing Roth IRA to a Weitz Funds Roth IRA.
- OPTION 5** I am directly rolling over my retirement plan to a Weitz Funds Traditional IRA.

Please liquidate all, _____%, \$_____ and transfer or directly rollover my assets according to the option selected above.

Please make the check payable to: **UMB Bank, n.a.**
 FBO (Traditional IRA or Roth IRA)(Client Name)(Social Security Number)

4. IRA ROLLOVER/TRANSFER DEPOSIT INFORMATION

Monies should be invested in my IRA as follows: (Please note the minimums listed)

Fund/Ticker/Fund #	Minimum	Amount	or	%
<input type="checkbox"/> Value Fund – Investor Class/WVALX/328	\$2,500	\$ _____		_____
<input type="checkbox"/> Value Fund – Institutional Class/WVAIX/541	\$1,000,000	\$ _____		_____
<input type="checkbox"/> Partners Value Fund – Investor Class/WPVLX/331	\$2,500	\$ _____		_____
<input type="checkbox"/> Partners Value Fund – Institutional Class/WPVIX/562	\$1,000,000	\$ _____		_____
<input type="checkbox"/> Hickory Fund/WEHIX/332	\$2,500	\$ _____		_____
<input type="checkbox"/> Partners III Opportunity Fund – Investor Class/WPOIX/436	\$2,500	\$ _____		_____
<input type="checkbox"/> Partners III Opportunity Fund – Institutional Class/WPOPX/310	\$1,000,000	\$ _____		_____
<input type="checkbox"/> Balanced Fund/WBALX/400	\$2,500	\$ _____		_____
<input type="checkbox"/> Short Duration Income Fund – Investor Class/WSHNX/437	\$2,500	\$ _____		_____
<input type="checkbox"/> Short Duration Income Fund – Institutional Class/WEFIX/329	\$1,000,000	\$ _____		_____
<input type="checkbox"/> Core Plus Income Fund – Investor Class/WCPNX/574	\$2,500	\$ _____		_____
<input type="checkbox"/> Core Plus Income Fund – Institutional Class/WCPBX/573	\$1,000,000	\$ _____		_____
<input type="checkbox"/> Ultra Short Government Fund/SAFEX/3330	\$1,000,000	\$ _____		_____

Approximate amount of transfer/rollover \$ _____

5. ACCOUNT INFORMATION

Please check one of the following:

I have attached my completed IRA Application.

My existing Weitz Funds IRA account number is _____
Fund Account #

6. SIGNATURES

I understand the rules and conditions applicable to rollovers and transfers and certify that I qualify to make the deposit of funds described in the "Transfer/Rollover Instructions" section of this form.

If Options 1, 2 or 3 were selected in Section 3, I authorize the transfer of IRA assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by UMB Bank, n.a. If Option 4 has been selected, I certify that I have read and understand the IRC Sec. 402(f) Notice provided to me by my plan administrator and hereby request payment from the plan of the employer designated above in the form of a direct rollover. I assume full responsibility for this rollover and will not hold the Plan Administrator, Trustee, Custodian, Weitz Funds or Issuer of the distributing plan liable for any adverse consequences that may result. Finally, I hereby irrevocably designate this contribution of the funds indicated above as a direct rollover contribution.

I understand that if assets from a qualified retirement plan or tax sheltered annuity are rolled over to an IRA, and I add additional assets to that IRA, I may be unable to roll those assets back into a qualified plan or tax sheltered annuity.

IRA Holder (or Inherited IRA Holder) _____ Date _____

Signature Guarantee (only if required by Current Custodian or Trustee)

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


Signature guaranteed by:

Name of Bank or Dealer Firm _____

Signature of Officer and Title _____

The undersigned, acting as agent for the successor IRA Custodian, agrees to accept transfer of the above amount for deposit to the Depositor's UMB Bank, n.a. Individual Retirement Custodial Account, and requests the liquidation and transfer of assets as indicated above.

Boston Financial Data Services, Inc.

By:  _____
(authorized signer)

ALL CORRESPONDENCE SHOULD BE MAILED TO:
WEITZ FUNDS ■ P.O. BOX 219320 ■ KANSAS CITY, MO 64121-9320
800-304-9745 ■ www.weitzinvestments.com