

REGULAR ACCOUNT APPLICATION

Please do not use for IRA accounts



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

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

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

Important Information About Procedures for Opening an 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 customer who opens an account, and to determine whether such person's name appears on government lists of known or suspected terrorists or terrorist organizations.

Weitz Funds must obtain the customer's name, date of birth (for individuals), taxpayer identification number and physical residence address (no post office boxes) for each customer who opens an account.

1. ACCOUNT REGISTRATION (Complete Only One Section A-E)

A. Individual or Joint Account (May not be a minor)

INDIVIDUAL

Name _____

Social Security Number _____

Birth Date _____ U.S. Citizen
 Resident Alien

JOINT REGISTRANT

(Joint tenancy with right of survivorship is presumed unless you instruct otherwise)

Name _____

Social Security Number _____

Birth Date _____ U.S. Citizen
 Resident Alien

TRANSFER ON DEATH BENEFICIARY DESIGNATION

If you wish to have account assets transferred to named beneficiaries in the event of your death, or in the case of a joint account the death of both owners, complete a Transfer on Death Beneficiary Form (available at weitzinvestments.com or from Client Services) and return it with your signed application.

Transfer on death instructions can only be established for individual and joint accounts registered as joint tenants with right of survivorship. Transfer on death instructions cannot be established for joint accounts registered as tenants in common, UGMA/UTMA, corporate, trust, partnership or omnibus accounts.

PROCEED TO SECTION 2 →

B. Uniform Gift/Transfer to Minors (UGMA/UTMA)

ADULT CUSTODIAN (only one permitted)

Name _____

Social Security Number _____

Birth Date _____

MINOR

Name _____

Social Security Number _____

Birth Date _____

Under the _____ Uniform Gift/Transfer to Minors Act
State of Residence of Minor

PROCEED TO SECTION 2 →

C. Retirement Plan

Name of Plan _____

Plan Tax Identification Number _____

Please check this box if your retirement plan is covered by ERISA and therefore exempt from the Federal Customer Identification Program rules.

PERSON(S) AUTHORIZED TO ACT ON BEHALF OF THIS ACCOUNT

PROCEED TO SECTION 2 →

D. Trust Account (The first and last pages of the trust document must be attached)

Name of Trust _____

Trust Date _____ Trust Tax Identification or Social Security Number _____

____ Number of trustee signatures required by the trust instrument to redeem or exchange shares. If left blank, all trustees will be required to sign.

TRUSTEE 1

Name _____

Social Security Number _____

Birth Date _____

Address _____

City _____ State _____ Zip _____

(Attach a separate list for additional trustees if needed)

TRUSTEE 2

Name _____

Social Security Number _____

Birth Date _____

Address _____

City _____ State _____ Zip _____

PROCEED TO SECTION 2 

E. Corporate or Other Entity Account

Name of Entity _____

Entity Tax Identification Number _____

- C Corporation (A copy of the certified articles of incorporation or business license of the corporation must be attached unless an exemption is indicated below)
- S Corporation (A copy of the certified articles of incorporation or business license of the corporation must be attached unless an exemption is indicated below)
- Partnership (A copy of the partnership agreement must be attached)
- Limited Liability Company (A copy of the organizational document must be attached unless an exemption is indicated below)
Please enter tax classification (C=C Corporation, S=S Corporation, P=Partnership) _____
- Government Entity
- Other Entity (Specify) _____
(A copy of the organizational document must be attached unless an exemption is indicated below)

Please check the applicable box below if your organization is one of the following and therefore exempt from the Federal Customer Identification Program rules:

- FINANCIAL INSTITUTION REGULATED BY A FEDERAL FUNCTIONAL REGULATOR
- BANK REGULATED BY A STATE BANK REGULATOR
- PUBLICLY TRADED CORPORATION Publicly Traded Corporation Symbol _____

If this account is a Nominee or an Omnibus account, please indicate here.

Person(s) Authorized to Act on Behalf of this Account (Attach a separate list for additional authorized persons if needed)

Name	Social Security Number	Birthdate
_____	_____	_____
_____	_____	_____

2. ADDRESS

Note: for UGMA/UTMA accounts, the address must be listed for the custodian of the account.

Mailing Address _____

City _____ State _____ Zip Code _____

Daytime Telephone _____ Evening Telephone _____

Email address _____ @ _____

California residents may have their balances transferred to the state if no activity occurs in the account within the time period specified by the state.

CONTINUED 

2. ADDRESS (continued)

If the mailing address listed above is a PO Box, please provide the street address below (as required by the USA Patriot Act):

Street Address _____

City _____ State _____ Zip Code _____

If the joint registrant on the account has a different address than listed above, his/her address must be listed below:

Joint Registrant Address _____

City _____ State _____ Zip Code _____

I currently have other Weitz Funds accounts with the same mailing address as this account. I consent to delivery of only one prospectus and one shareholder report to my address, even if more than one person at my address is a shareholder in the Weitz Funds. By "householding"—sending only one prospectus and one shareholder report to this address—Weitz Funds can reduce the volume of mail delivered to my address.

Please check this box if you do not consent to such "householding" and would like to receive your own prospectus and shareholder reports.

I WOULD LIKE **ELECTRONIC DELIVERY** of prospectus and shareholder reports.
(please provide email address in section 2)

3. DUPLICATE MAILING ADDRESS

Complete if you would like us to send copies of your quarterly statements and/or transaction confirmations to an additional party.

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

4. INVESTMENT SELECTION

Enclosed is my check payable to *Weitz Funds*. The funds do not accept cash, money orders, post-dated checks, travelers checks, third-party checks, credit card convenience checks, instant loan checks, checks drawn on banks outside the U.S. or other checks deemed to be high risk.

DISTRIBUTION OPTIONS Reinvest all Dividends & Capital Gains

Pay by: Check ACH*
 Dividends In Cash & Capital Gains Reinvested Dividends Reinvested & Capital Gains In Cash Dividends & Capital Gains In Cash

FUND NAME/TICKER SYMBOL/FUND #	INVESTMENT AMOUNT	Dividends In Cash & Capital Gains Reinvested	Dividends Reinvested & Capital Gains In Cash	Dividends & Capital Gains In Cash
Value Fund/(WVALX)/328	\$2,500 Minimum \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partners Value Fund/(WPVLX)/331	\$2,500 Minimum \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partners III Opportunity Fund				
Institutional Class/(WPOPX)/310	\$25,000 Minimum \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investor Class/(WPOIX)/436	\$2,500 Minimum \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research Fund/(WRESX)/309	\$25,000 Minimum \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hickory Fund/(WEHIX)/332	\$2,500 Minimum \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balanced Fund/(WBALX)/400	\$2,500 Minimum \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-Intermediate Income Fund				
Institutional Class/(WEFIX)/329	\$25,000 Minimum \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investor Class/(WSHNX)/437	\$2,500 Minimum \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nebraska Tax-Free Income Fund/(WNTFX)/311	\$2,500 Minimum \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Money Market Fund/(WGMXX)/330	\$2,500 Minimum \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. ACCOUNT OPTIONS

A. Telephone and Internet Services

Unless indicated below, I authorize Weitz Funds to accept instruction to exchange or redeem shares in my account(s) by telephone in accordance with the procedures and conditions set forth in the current prospectus.

Redemptions by telephone may be made for a maximum of \$100,000 and will be sent by check via U.S. mail to the address of record, or sent to the bank of record, if the Bank Information section of the application has been completed. If an account has multiple owners, Weitz Funds may rely on the instructions of any one account owner. Redemptions from corporate accounts, retirement accounts or certain other accounts cannot be requested by telephone. Neither Weitz Funds nor the transfer agent will be liable for losses caused by following telephone instructions provided reasonable procedures are employed to confirm that instructions communicated by telephone are genuine.

I DO NOT want the Telephone Redemption Privilege

I DO NOT want the Telephone Exchange Privilege

B. Bank Information

You must complete this section if you would like the ability to participate in the Automatic Investment Plan, have redemption proceeds deposited to your bank account or have distributions deposited to your bank account. Please attach a voided, unsigned check or savings deposit slip for this bank account.

Type of Account Checking Account Savings Account

Bank Name _____

Bank Address _____

Name(s) on Bank Account _____

Account Number _____ Routing Number _____

If this section is not completed and you later request a wire or ACH redemption, the bank instructions you provide at that time will require an original medallion signature guarantee when they are submitted.

My Name
123 Main Street
Wilson, NC 27893

DATE _____ 2172

PAY TO THE ORDER OF _____ \$ _____

My Bank Name _____ DOLLARS

MEMO _____

123456789 0000123456789 2172
Routing Number Account Number

PLEASE ATTACH YOUR VOIDED CHECK OR SAVINGS DEPOSIT SLIP HERE

C. Cost Basis

Please select one of the following cost basis methods. Your election will be used when calculating the gain or loss for all future sales of shares acquired on or after January 1, 2012, for all accounts established by this application and any future accounts unless a different method is provided. If no election is made, Weitz Funds' default cost basis method of Average Cost will be applied to your account(s).

- Average Cost (ACST):** uses the average price of shares as the cost basis. This is the default cost basis accounting method for Weitz
- First-In First-Out (FIFO):** oldest shares in account are redeemed first.
- Last-In First-Out (LIFO):** newest shares in the account are redeemed first.
- High-Cost First-Out (HIFO):** the shares with the highest cost are redeemed first.
- Low-Cost First-Out (LOFO):** the shares with the lowest cost are redeemed first.
- Loss/Gain Utilization (LGUT):** this method looks to realize losses before gains, with the objective of minimizing taxes when shares are redeemed.
- Specific Lot Identification (SLID):** assumes specific shares in an account will be selected by the shareholder each time shares are redeemed. A secondary cost basis method is required and will be used in the event of any automated transactions, or for a redemption placed without specific lot identification. *(If you do not elect a secondary method, you will be defaulted to First-In First-Out).*
 - First-In First-Out
 - High-Cost First-Out
 - Loss/Gain Utilization
 - Last-In First-Out
 - Low-Cost First-Out

D. Automatic Investment by ACH

Fund	Amount	(If the date below falls on a holiday or weekend, the entry will be posted on the next business day)				Frequency				Beginning (Month/Year)
		1 st	8 th	15 th	22 nd	Monthly	Quarterly	Semi-Annually	Annually	
Value Fund/(WVALX)/328	\$ _____	<input type="checkbox"/>	<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)/331	\$ _____	<input type="checkbox"/>	<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										
Institutional Class/(WPPIX)/310	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ / ____
Investor Class/(WPOIX)/436	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ / ____
Research Fund/(WRESX)/309	\$ _____	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	____ / ____
Short-Intermediate Income Fund										
Institutional Class/(WEFIX)/329	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ / ____
Investor Class/(WSHIX)/437	\$ _____	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	____ / ____
Government Money Market Fund/(WGMXX)/330	\$ _____	<input type="checkbox"/>	<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 debit 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.

6. NOTICE OF PRIVACY POLICY AND PROCEDURES

WEITZ FUNDS
WALLACE R. WEITZ & COMPANY
WEITZ SECURITIES, INC.

We understand that information that personally identifies you is important to you, and we are committed to maintaining the confidentiality, integrity and security of your personal information. In order to service your account and process requests, we collect certain nonpublic personal information about you from your account application, from other forms you may provide us and as a result of transactions with us.

Your privacy is important to us. We restrict access to nonpublic personal information about you to those employees who need to know that information to provide products or services to you and we require those employees to adhere to strict confidentiality standards designed to protect your personal information. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your personal information.

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law and except to certain entities that assist us in servicing your account. For instance, in order to service your account and effect your transactions, we may provide nonpublic personal information about you to our sub-transfer agent. We may also provide certain information including your name and address to one of our agents for the purpose of mailing to you your account statements, shareholder reports and other information about our products and services. We maintain agreements with these outside entities, which require them to protect the confidentiality of your information and to use that information only for the purpose for which the disclosure is made.

7. SIGNATURE (All Account Owners/Trustees Must Sign)

- I certify that I have received and read the current prospectus for the Weitz Funds and understand the investment objectives and policies stated therein. I certify that I have the authority and legal capacity to make this purchase and am of legal age in my state of residence. I acknowledge that I have received the Weitz Funds Notice of *Privacy Policies and Procedures*.
- The terms, representations and conditions in this application and the prospectus, as amended from time to time, will apply to any account established at a later date. This application is in effect until another duly executed application is received by Weitz Funds.
- I authorize Weitz Funds and its agents to act upon instructions (by phone, in writing, delivered electronically or other means) believed to be genuine and in accordance with the procedures described in the prospectus for this account or any other account into which investments are made.
- If I have completed the section titled "Bank Information" or later provide such information to the Weitz Funds, I authorize credits/debits to/from the bank account referenced. I agree that the Weitz Funds will be fully protected in honoring any such transaction. I also agree that the Weitz Funds may make additional attempts to credit/debit my account if the initial attempt fails and that I will be liable for the associated costs. All account options selected shall become part of the terms, representations and conditions of this application.
- I have received, read and understand the Important Information About Procedures for Opening an Account.

Under penalty of perjury, I certify that:

(1) The social security or employer identification number shown on this application is my current Taxpayer Identification Number.

(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or 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).

(Cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding.)

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X _____
Signature of Owner/Authorized Signer Date

X _____
Signature of Owner/Authorized Signer Date

Signatures must be provided for all individuals authorized to act on behalf of this account. Please attach a separate list if necessary.

How did you hear about Weitz Funds?

- | | |
|---|--|
| <input type="checkbox"/> Magazine/Newspaper _____ | <input type="checkbox"/> Conference _____ |
| <input type="checkbox"/> Website _____ | <input type="checkbox"/> Financial Advisor _____ |
| <input type="checkbox"/> Friend _____ | <input type="checkbox"/> Other _____ |

Weitz Securities, Inc. is the Distributor of the Weitz Funds