INHERITED IRA APPLICATION

Weitz | INVESTMENT MANAGEMENT

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Cincinnati, OH 45246

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Use this from if you are the beneficiary of IRA assets inherited after the death of the original IRA owner. Inherited IRAs are typically opened for non-spouse beneficiaries. Addditional documentation may be required. Please type or print clearly.

1. Account Registration

Account Owner

Name

SSN ☐☐☐☐☐☐☐☐☐

Birth Date (MM-DD-YYYY) ☐☐-☐☐-☐☐☐☐

☐ U.S. Citizen ☐ Resident Alien

Original IRA Owner's Information

Name

SSN ☐☐☐☐☐☐☐☐☐

Birth Date (MM-DD-YYYY) ☐☐-☐☐-☐☐☐☐

Death Date (MM-DD-YYYY) ☐☐-☐☐-☐☐☐☐

2. Address

Per the USA Patriot Act, an account's registration address must be a physical street address. A P.O. Box is not permitted.

Registration Address (physical address only)

City | State | ZIP | Daytime Telephone | Evening Telephone

Email Address

Alternate Address (If you wish to have account-related documents mailed to an address other than the registration address. P.O. Box permitted)

City | State | ZIP

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3. IRA Plan Type

☐ TRADITIONAL IRA ☐ ROTH IRA

4. Investment Selections

Please select your investment choice(s) below:

FUND NAME / TICKER SYMBOL / FUND #		INVESTMENT AMOUNT ($) OR	%
Large Cap Equity Fund			
Institutional Class / WVAIX / 541	$1,000,000 minimum		
Investor Class / WVALX / 328	$2,500 minimum		
Multi Cap Equity Fund			
Institutional Class / WPVIX / 562	$1,000,000 minimum		
Investor Class / WPVLX / 331	$2,500 minimum		
Partners III Opportunity Fund			
Institutional Class / WPOPX / 310	$1,000,000 minimum		
Investor Class / WPOIX / 436	$2,500 minimum		
Conservative Allocation Fund			
Institutional Class / WBAIX / 540	$1,000,000 minimum		
Investor Class / WBALX / 400	$2,500 minimum		
Short Duration Income Fund			
Institutional Class / WEFIX / 329	$1,000,000 minimum		
Investor Class / WSHNX / 437	$2,500 minimum		
Core Plus Income Fund			
Institutional Class / WCPBX / 573	$1,000,000 minimum		
Investor Class / WCPNX / 574	$2,500 minimum		
Ultra Short Government Fund / SAFEX / 330	$25,000 minimum		

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5. Beneficiary Designation

The following individual(s) or entity shall be my primary and/or contingent beneficiary(ies).

A. PRIMARY BENEFICIARY(IES)

If designating more than one beneficiary, failure to identify the percent allocable to each beneficiary will result in equal allocation among the beneficiaries. The total allocated must equal 100%.

Beneficiary 1

Name _____ Percentage _____ %

SSN ☐☐☐☐☐☐☐☐☐ Birth Date (MM-DD-YYYY) ☐☐–☐☐–☐☐☐☐

Relationship _____

Address _____

City _____ State _____ ZIP _____

Beneficiary 2

Name _____ Percentage _____ %

SSN ☐☐☐☐☐☐☐☐☐ Birth Date (MM-DD-YYYY) ☐☐–☐☐–☐☐☐☐

Relationship _____

Address _____

City _____ State _____ ZIP _____

Beneficiary 3

Name _____ Percentage _____ %

SSN ☐☐☐☐☐☐☐☐☐ Birth Date (MM-DD-YYYY) ☐☐–☐☐–☐☐☐☐

Relationship _____

Address _____

City _____ State _____ ZIP _____

Beneficiary 4

Name _____ Percentage _____ %

SSN ☐☐☐☐☐☐☐☐☐ Birth Date (MM-DD-YYYY) ☐☐–☐☐–☐☐☐☐

Relationship _____

Address _____

City _____ State _____ ZIP _____

Please attach a page **listing additional beneficiaries** with their identifying information, if needed.

B. CONTINGENT BENEFICIARY(IES)

If designating more than one beneficiary, failure to identify the percent allocable to each beneficiary will result in equal allocation among the beneficiaries. The total allocated must equal 100%.

Name _____ Percentage _____ %

SSN ☐☐☐☐☐☐☐☐☐ Birth Date (MM-DD-YYYY) ☐☐–☐☐–☐☐☐☐

Relationship _____

Address _____

City _____ State _____ ZIP _____

Name _____ Percentage _____ %

SSN ☐☐☐☐☐☐☐☐☐ Birth Date (MM-DD-YYYY) ☐☐–☐☐–☐☐☐☐

Relationship _____

Address _____

City _____ State _____ ZIP _____

Beneficiary 3

Name _____ Percentage _____ %

SSN ☐☐☐☐☐☐☐☐☐ Birth Date (MM-DD-YYYY) ☐☐–☐☐–☐☐☐☐

Relationship _____

Address _____

City _____ State _____ ZIP _____

Beneficiary 4

Name _____ Percentage _____ %

SSN ☐☐☐☐☐☐☐☐☐ Birth Date (MM-DD-YYYY) ☐☐–☐☐–☐☐☐☐

Relationship _____

Address _____

City _____ State _____ ZIP _____

Please attach a page **listing additional contingent beneficiaries** with their identifying information, if needed.

6. Spousal Consent

This section applies if the account holder is married, is a resident of a community property or marital property state and designates a beneficiary other than the spouse. It is the account holder's responsibility to determine if this section applies. The account holder may need to consult with legal counsel.

I am the spouse of the IRA holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this IRA, I have been advised to see a tax professional. I hereby give the IRA holder any interest I have in the funds or property deposited in this IRA and consent to the beneficiary designation(s). I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian or Weitz Funds.

X _____ Signature of Spouse _____ Date

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7. 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 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. 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:

☐ Telephone Redemption Privileges ☐ Telephone Exchange Privileges ☐ Internet Redemption Privileges ☐ Internet Exchange Privileges

B. BANK INFORMATION

You must complete this section if you would like the ability to have **redemption proceeds** deposited in your bank account or have **distributions** deposited in your bank account. A voided, unsigned check for this bank account is required.

Bank Name

Bank Address | City | State | ZIP

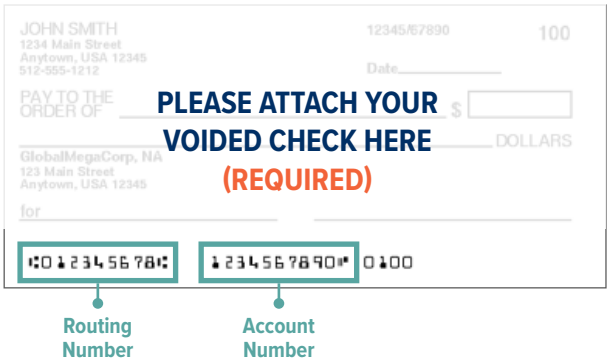
Name(s) on Bank Account

Bank Account Number | Bank Routing Number

Type of Account

☐ Checking Account

☐ Savings Account



Your check must be preprinted with your name and address.

If you do not have a preprinted check, please provide documentation from your bank that confirms your bank account registration, account number and routing number.

8. Notice of Privacy Policy and Procedures

WEITZ FUNDS
WEITZ INVESTMENT MANAGEMENT, INC.
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 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.

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9. Custodian Acceptance

First National Bank will accept appointment as Custodian of the Depositor's Account. However, this Agreement is not binding upon the Custodian until the Depositor has received a statement confirming the initial transaction for the Account. Receipt by the Depositor of a confirmation of the purchase of the Fund shares indicated above will serve as notification of First National Bank's acceptance of appointment as Custodian of the Depositor's Account.

10. Signature

I understand the eligibility requirements associated with the type of IRA selected in section 3, and state that I do qualify to make the deposit. I have received a copy of the IRA Application, Plan & Disclosure, and prospectus for the investments and IRA that I am selecting. I understand the terms and conditions which apply to the IRA that I have chosen are contained in this application and the Plan Agreement. I agree to be bound by those terms and conditions. I assume complete responsibility for determining that I am eligible for either the Traditional IRA or Roth IRA each year I make a contribution, insuring that all contributions I make are within the limits set forth by the tax laws and understanding the tax consequences of any contribution (including rollover contributions and conversions) or distribution. I understand that it is my responsibility to calculate required minimum distributions and request distributions as required.

After my death, I authorize Weitz Funds to rely upon and take instruction from my personal representative and any trustee of a trust designated herein in respect to all matters and calculations relating to the distribution from my account including, without limitation: the identify of the beneficiaries who have survived or not survived me, their ages, their competence, and their descendants; the form and content of any trust which may receive any distribution from my account; the names, ages, and competence of persons who are beneficiaries of any trust which may receive distributions from my account; the amount or portion of the account which should be distributed to or set aside for any beneficiary; the determination as to whether a trust is a "designated beneficiary" under Section 401(a)(9) of the Internal Revenue Code, and the period over which distributions should be made to the beneficiary. I acknowledge that Weitz Funds has no responsibility to review my beneficiary designation, or to advise me or my beneficiaries of the tax consequences of any beneficiary designation. I and my beneficiaries shall be solely responsible for calculating and requesting minimum distributions from this account.

By signing below:

- 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.
- I understand that the terms, representations and conditions in this application and the prospectus, as amended from time to time, will apply and that this application is in effect until another duly executed application is received by Weitz Funds.
- I understand that to comply with federal regulations, information provided on this application will be used to verify my identity. Weitz Funds must obtain my name, date of birth (for individuals), social security (SSN) or taxpayer identification number (TIN) and physical residence address (no post office boxes). If Weitz Funds is unable to verify my identity, I understand it may need to take action, possibly including closing my account and redeeming the shares at the current market price, and that such action may have tax consequences.
- I understand that I and all shareholders at my address will receive one copy of fund documents (such as annual reports and proxy statements) unless I authorize electronic delivery of such documents. Electronic delivery elections are made by accessing my account online.
- I authorize Weitz Funds and its agents to act upon instructions (by phone, in writing, delivered electronically or by other means) believed to be genuine and in accordance with the procedures described in the prospectus.
- 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.
- If this document is signed electronically, I consent to be legally bound by this document and subsequent terms governing it. The electronic copy of this document should be considered equivalent to a printed form in that it is the true, complete, valid, authentic and enforceable record of the document, admissible in judicial or administrative proceedings. I agree not to contest the admissibility or enforceability of the electronically stored copy of this document. Note that this document may not be signed using Adobe Acrobat Reader's "fill and sign" feature.

I certify under penalties of perjury that:

(1) The Social Security or taxpayer identification number(s) provided in Section 1 are correct.

(2) The IRS has never notified me that I am subject to backup withholding or has notified me that I am no longer subject to such backup withholding.

(3) I am a U.S. citizen or a legal U.S. resident.

☐ **Check this box if you are subject to backup withholding and cannot certify to item 2 above.**

Note: 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 **Date**