

## 1. HOW TO OPEN AN INHERITED IRA

Thank you for opening an inherited IRA with the Weitz Funds. Read carefully the IRA Disclosure Statement and the Individual Retirement Account document along with the prospectus. Please complete the IRA Application and sign. If you wish to open more than one IRA account, you will need to complete an IRA Application for each account.

Mail the application to Weitz Funds at the address below. Make checks payable to **UMB Bank, n.a.** Please note, the minimum initial investment amount is \$2,500.

## 2. HOW TO COMPLETE A TRANSFER

The term transfer refers to moving assets from your inherited IRA at another institution directly to a Weitz Funds inherited IRA.

- A. Complete all pages of the IRA application, providing your signature and date.
- B. Complete the Transfer form. Include the current Custodian's or your plan administrator's mailing address and phone number. Contact your current Custodian to obtain their requirements for transferring funds, some require a signature guarantee or other documentation.

**Also include a copy of your most recent statement or specific account information with the current IRA Custodian/Trustee.**

- C. Mail the Transfer form **and the completed IRA application** to Weitz Funds at the address below.

## 3. FINANCIAL DISCLOSURE

The Weitz Funds are offered by prospectus only. The prospectus contains information on each Fund and its investment objectives and should be read carefully before you invest. The amount available at any time will be the current market value of the shares in your inherited IRA account (your contributions and earnings). The value of your investment will be solely dependent upon the performance of the Fund designated. Growth in the value of your IRA is not guaranteed.

## 4. DIVIDENDS AND DISTRIBUTIONS

Dividends and distributions are automatically reinvested.

## 5. TELEPHONE REDEMPTIONS AND EXCHANGES

The ability to initiate redemptions and exchanges by telephone is automatically established on your account unless you request in writing that they will not be permitted.

## 6. ACCOUNT INSTRUCTIONS AND REPORTING

Weitz Funds may, without inquiry, act upon the instructions of any person(s) purporting to be an Authorized Person(s) as named on the Inherited IRA Application. The Weitz Funds shall not be liable for any claims, expenses (including legal fees) and losses resulting from having acted upon any instructions reasonably believed to be genuine.

A statement will be sent to you confirming each of your IRA transactions.

**For regular mail delivery:**  
Weitz Funds  
PO Box 182785  
Columbus, OH 43218-2785

**For overnight delivery:**  
Weitz Funds  
4249 Easton Way  
Suite 400  
Columbus, OH 43219

# WEITZ FUNDS INHERITED IRA APPLICATION

## Important Information About Procedures for Opening an Inherited IRA Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions, including the Weitz Funds (the "Funds"), to obtain, verify and record information that identifies each customer (as defined in the Department of Treasury's Customer Identification Program for Mutual Funds) who opens an account, and to determine whether such person's name appears on government lists of known or suspected terrorists and terrorist organizations.

What this means for you: the Funds must obtain the following information for each customer prior to opening the account:

- Name;
- Date of birth;
- Physical residential address (not post office boxes); and
- Social Security Number.

Following receipt of your information, the Funds will follow its Customer Identification Program to attempt to verify a customer's identity. You may be asked to provide certain other documentation (such as a driver's license or a passport) in order to verify your identity. Any documents requested in connection with the opening of an account will be utilized solely to establish the identity of customers in accordance with the requirements of law.

**Federal law prohibits the Funds and other financial institutions from opening accounts unless the minimum identifying information is received. The Funds are also required to verify the identity of the new customer under the Funds' Customer Identification Program and may be required to not open your account, close your account or take other steps as they deem reasonable if the Funds are unable to verify your identity.**

**If an account is closed, it will be redeemed at the net asset value determined on the redemption date.**

## WEITZ FUNDS WEITZ INVESTMENT MANAGEMENT, INC. WEITZ SECURITIES, INC.

### NOTICE OF PRIVACY POLICY AND PROCEDURES

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 your requests, we collect certain nonpublic personal information about you from your account application, from other forms you may provide to 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.

# WEITZ FUNDS INHERITED IRA APPLICATION

## 1. INHERITED IRA HOLDER'S NAME AND ADDRESS

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

United States Citizen     Resident Alien

If mailing address is a post office box, a residential address is also required by the USA Patriot Act.

Residential 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 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 above.)*

## 2. ORIGINAL IRA HOLDER'S INFORMATION

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

## 3. WEITZ FUNDS INVESTMENT SELECTION

Please indicate your investment choice(s) below.

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 – Investor Class/WBALX/400	\$2,500	\$ _____		_____
<input type="checkbox"/> Balanced Fund – Institutional Class/WBAIX/540	\$1,000,000	\$ _____		_____
<input type="checkbox"/> Short Duration Income Fund – Investor Class/WSHIX/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/330	\$25,000	\$ _____		_____

Make check payable to UMB Bank, n.a. Note the minimum investment amounts above. 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.

## 4. INHERITED IRA PLAN TYPE

- Traditional IRA  
 Roth IRA

## 5. BENEFICIARY DESIGNATION

*The following individual(s) or entity shall be my primary and/or contingent beneficiary(ies). I revoke all prior IRA Beneficiary designations, if any, made by me for these assets.*

*If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the IRA. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.*

If you designate multiple beneficiaries, please check one of the following distribution methods for directing the assigned share of assets for a beneficiary who predeceases you:

- the deceased beneficiary's share shall be divided among his or her descendants, per stirpes, or  
 the deceased beneficiary's share shall terminate completely, and be allocated proportionately among the other beneficiaries.

### Primary Beneficiary (ies):

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Percentage \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Percentage \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Percentage \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

### Contingent Beneficiary (ies):

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Percentage \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Percentage \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Percentage \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

### SPOUSAL CONSENT

This section should be reviewed 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.

Signature of Spouse \_\_\_\_\_

## 6. BANK INFORMATION

If you would like the ability to have redemption proceeds wired to your bank, please complete the following.  
Please attach a voided, unsigned check for this bank account.

Type of account:  Checking Account  Savings Account

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Name(s) on Account \_\_\_\_\_

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

If this section is not completed,  
and you request a wire  
redemption, the bank instructions  
will be required to have an  
original medallion signature  
guarantee.

**JONATHAN Q. SAMPLE** 11-87 80-428/1010 **7743**  
1234 MAIN ST. 555-6712  
ANYTOWN, US 56789

PAY \_\_\_\_\_  
TO THE ORDER OF \_\_\_\_\_

**PLEASE TAPE YOUR VOIDED BANK CHECK OR SAVINGS DEPOSIT SLIP HERE.**

BANK OF ANYTOWN  
THE OLD ROAD  
ANYTOWN, US 56789

FOR \_\_\_\_\_

Bank Account Number

ABA Number

Security Features Included. Details on back

DOLLARS

101004280 1234567 7743

## 7. CUSTODIAN ACCEPTANCE

UMB Bank, n.a. 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 UMB Bank, n.a.'s acceptance of appointment as Custodian of the Depositor's Account.

## 8. SIGNATURES AND TAX IDENTIFICATION NUMBER CERTIFICATION

I understand the eligibility requirements associated with the type of inherited IRA selected in section 4, and state that I do qualify to make the contribution. 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 inherited 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 the 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 the Weitz Funds have 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*.
- 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 the 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 IRA Account.
- By signing this application, 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 my address – the 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 prospectuses and shareholder reports.**

Under Penalty of Perjury, I certify that:

- (1) The Social Security Number provided on this application is correct, and
- (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.

Signature of Inherited IRA Holder \_\_\_\_\_ Date \_\_\_\_\_

When mailing your forms back to Weitz,  
please make sure you have included...

- IRA Application
- IRA Transfer Form(s)
- Copy of most recent statement from  
current custodian/trustee/employer

