AUTOMATIC INVESTMENT PLAN (AIP)



MAILING ADDRESS

Weitz Funds PO Box 541150 Omaha, NE 68154 **OVERNIGHT MAILING ADDRESS**

Weitz Funds 4221 North 203rd Street, Suite 100 Elkhorn, NE 68022-3474 PHONE

(888) 859-0698 **FAX**

(402) 963-9094

EMAIL

clientservices@weitzinvestments.com

Use this form to establish or update an Automatic Investment Plan (AIP), which allows you to add money to your account on a regular basis directly from your checking/savings account. This service requires your checking/savings account to be linked to your Weitz Funds account. Please type or print clearly.

You may also establish or update an Automatic Investment Plan through our web portal at www.weitzinvestments.com.

| 1. Account Information | | | | | | |
|--|--|---|----------------------------------|-----------------------------|--|--|
| | | | | | | |
| Account Registration | | | | | | |
| Account Number | SSN or TIN Bi | irth Date (MM-DD-YYYY) | | | | |
| Daytime Telephone | Email Address | | | | | |
| 2. Automatic Investment by AC | Н | | | | | |
| Request type: Establish a new AIP | Update an existing AIP | | | | | |
| Enter the dollar amount for each fund, alre If no day or frequency is chosen, investme If any weekends or holidays occur on the sapproximately two (2) business days to cor Automatic purchases made into IRA account | ents will be made into the selected fund(s selected days, the investment will be mad mplete. | o) on the 22nd day of each de on the next business d | month. ay. ACH processing tak | «es | | |
| | | Day of the Month | Frequency | | | |
| Fund Value Fund / WVALX & WVAIX / 328 & 541 | \$ Amount | 1st 8th 15th 22nd 🐉 | patith outer's spiratually | Beginning (Month / Year) | | |
| Partners Value Fund / WPVLX & WPVIX / 331 & 562 | | | | / | | |
| Partners III Opportunity Fund / WPOPX & WPOIX / 310 8 | & 436 | | | | | |
| Hickory Fund / WEHIX / 332 | | | | / | | |
| Balanced Fund / WBALX & WBAIX / 400 & 540 | | | | | | |
| Short Duration Income / WEFIX & WSHNX / 329 & 437 | | | | | | |
| Core Plus Income Fund / WCPBX & WCPNX / 573 & 574 | | | | / | | |
| Nebraska Tax-Free Income Fund / WNTFX / 311 | | | | / | | |
| Ultra Short Government Fund / SAFEX / 330 | | | | / | | |

AUTOMATIC INVESTMENT PLAN (AIP)



| 3. Bank Information | | | | |
|-----------------------------------|--|--|--|--|
| | use bank instructions already on file for your account. Otherwise, provide A voided, unsigned check for this bank account is required. | the information below to add new ba | nk | |
| Bank Name | | | | |
| Bank Address | City | State ZIP | | |
| Name(s) on Bank Account | | | | |
| Bank Account Number | Bank Routing Number | | | |
| ype of Account | JOHN SMITH 12345/67890 100 1234 Main Street Anytown, USA 12345 Date. | Your check must be preprinted | | |
| Checking Account Savings Account | PAYTO THE PLEASE ATTACH YOUR \$ VOIDED CHECK HERE DOLLARS 123 Main Street Anytown, USA 12345 (REQUIRED) | If you do not have a preprinted check, please provide documentation from your bank that confirms your bank account | check, please provide documentation from your bank that confirms your bank account registration, account number and | |
| | Routing Account Number Number | | | |

4. Signature

- I authorize credits/debits to/from the bank account referenced. I agree that Weitz Funds will be fully protected in honoring any such transaction. I also agree that 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.
- This authority will remain in effect until I notify Weitz Funds to cancel. I can stop or change the dollar amount of this automatic service by notifying Weitz Funds three (3) business days before my bank account is charged.
- 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.

| X | | |
|---|--------------------------------------|------|
| | Signature of Owner/Authorized Signer | Date |
| | | |
| X | · | |
| | Signature of Owner/Authorized Signer | Date |
| | | |
| X | | |
| | Signature of Owner/Authorized Signer | Date |
| | | |
| v | , | |
| ^ | Signature of Owner/Authorized Signer | Date |