AUTOMATIC INVESTMENT PLAN (AIP)

Weitz | INVESTMENT MANAGEMENT

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
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(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   **Birth Date** (MM-DD-YYYY)

Daytime Telephone

Email Address

2. Automatic Investment by ACH

Request type: ☐ **Establish a new AIP**   ☐ **Update an existing AIP**

- Enter the dollar amount for each fund, already held in your account, in which you wish to establish an AIP ($25 minimum).
- If no day or frequency is chosen, investments will be made into the selected fund(s) on the 22nd day of each month.
- If any weekends or holidays occur on the selected days, the investment will be made on the next business day. ACH processing takes approximately two (2) business days to complete.
- Automatic purchases made into IRA accounts will be designated as a contribution for the tax year in which the purchase is made.

Fund	$ Amount	Day of the Month				Frequency				Beginning (Month / Year)
		1st	8th	15th	22nd	Monthly	Quarterly	Semi-Annually	Annually	
Large Cap Equity Fund / WVALX & WVAIX / 328 & 541		☐	☐	☐	☐	☐	☐	☐	☐	___/___
Multi Cap Equity Fund / WPVLX & WPVIX / 331 & 562		☐	☐	☐	☐	☐	☐	☐	☐	___/___
Partners III Opportunity Fund / WPOPX & WPOIX / 310 & 436		☐	☐	☐	☐	☐	☐	☐	☐	___/___
Conservative Allocation 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		☐	☐	☐	☐	☐	☐	☐	☐	___/___

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3. Bank Information

☐ Check this box if you wish to use bank instructions already on file for your account. Otherwise, provide the information below to add new bank instructions to your account. A voided, unsigned check for this bank account is required.
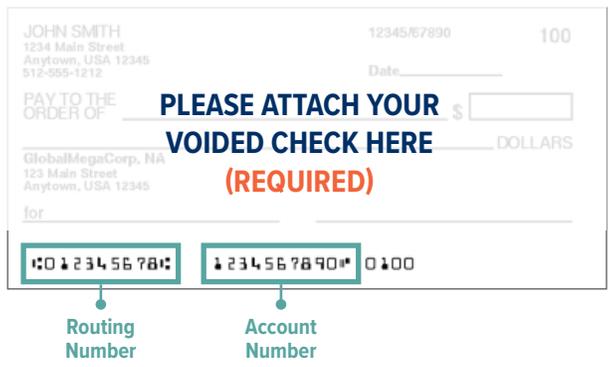
_____
Bank Name

_____ _____ _____ _____
Bank Address   **City**   **State**   **ZIP**

_____
Name(s) on Bank Account

_____   _____
Bank Account Number   **Bank Routing Number**

Type of Account

☐ Checking Account

☐ Savings Account

PLEASE ATTACH YOUR VOIDED CHECK HERE (REQUIRED)

Routing Number   Account Number

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.

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**

X _____   _____
Signature of Owner/Authorized Signer   **Date**