

AUTOMATIC INVESTMENT SERVICE



MAILING ADDRESS

Weitz Funds
P.O. Box 182785
Columbus, OH 43218-2785

OVERNIGHT MAILING ADDRESS

Weitz Funds
4249 Easton Way, Suite 400
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1. WEITZ FUNDS FUND / ACCOUNT NUMBER

Account Title _____	Social Security # / Tax ID _____
Fund _____	Account # _____

- This is a new request for automatic investment service.
 This is an update to existing automatic investment service.
 This is an addition to existing automatic investment service.

2. BANK INFORMATION

Bank Name _____	Bank Account Number _____
Bank Address _____	Bank Account Title _____
Bank Routing Number _____ (nine digit number)	Bank Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Please attach a voided check or savings deposit slip for this bank account.

3. AUTOMATIC INVESTMENT BY ACH

Automatic investment purchases made to IRA accounts will be designated as a contribution for the tax year in which the purchase was made.

Fund	\$ Amount	FREQUENCY								Beginning (Month/Year)
		1st	8th	15th	22nd	Monthly	Quarterly	Semi-Annually	Annually	
Value Fund / WVALX & WVAIX / 328 & 541	_____	<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 & WPVIX / 331 & 562	_____	<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 / WPOPX & WPOIX / 310 & 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"/>	/
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 & WBAIX / 400 & 540	_____	<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 Duration Income Fund / WEFIX & WSHNX / 329 & 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"/>	/
Core Plus Income Fund / WCPBX & WCPNX / 573 & 574	_____	<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"/>	/
Ultra Short Government Fund / SAFEX / 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.

If any weekends or holidays occur on these days, the investment will be processed on the next business day. ACH processing takes approximately two (2) business days to complete.

4. ACCOUNT OWNER SIGNATURE(S)

Account Owner _____	Date _____	Account Owner _____	Date _____
Account Owner _____	Date _____	Account Owner _____	Date _____

ALL ACCOUNT OWNERS ARE REQUIRED TO SIGN THIS FORM.