BANK AUTHORIZATION

Weitz | INVESTMENT MANAGEMENT

MAILING ADDRESS
Weitz Funds
PO Box 46707
Cincinnati, OH 45246

OVERNIGHT MAILING ADDRESS
Weitz Funds
225 Pictoria Dr, Suite 450
Cincinnati, OH 45246

PHONE
(888) 859-0698
FAX
(402) 963-9094

EMAIL
clientservices@weitzinvestments.com

Use this form to add or update bank instructions on your Weitz Funds account. Please type or print clearly.

You may also add or update bank authorization through our web portal at www.weitzinvestments.com.

1. Account Information

Account Registration

Daytime Telephone

☐ SSN or ☐ TIN

Birth Date (MM-DD-YYYY)

This request applies to the following Weitz Funds account numbers:

Account Number

Account Number

Account Number

2. Bank Information

Request type:

☐ The bank information below will replace any and all bank information currently on file. (If you currently participate in an automatic investment or withdrawal plan, this form must be received at least 15 calendar days prior to the next draft date.)

☐ The bank information below is **in addition** to the bank information currently on file. Existing automatic investment and/or withdrawal plans **will not** be updated unless specific instructions are provided.

Bank Name

Bank Address

City

State

ZIP

Name(s) on Bank Account

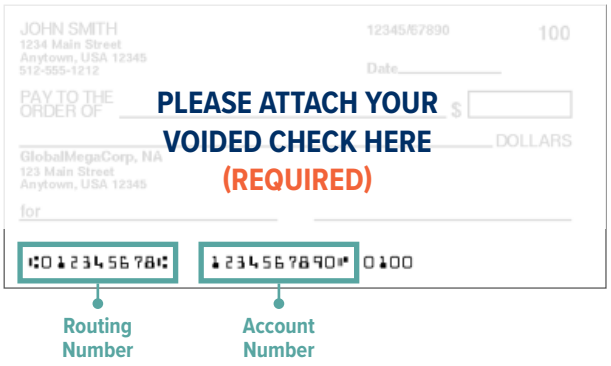
Bank Account Number

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.

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3. 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.
- 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 understand that once new bank information is established on my Weitz Funds account, there will be a 15-day waiting period before the new bank information can be used for a redemption request.. **If, for any reason, I require a redemption within the 15-day waiting period, I understand that a Letter of Instruction with Medallion Signature Guarantee must accompany this document** (please call 1-888-859-0698 for assistance).

X _____

Signature of Owner/Authorized Signer Date

X _____

Signature of Owner/Authorized Signer Date

ALL ACCOUNT OWNERS ARE REQUIRED TO SIGN THIS FORM.