REGULAR ACCOUNT APPLICATION

Please do not use for IRA Accounts

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 establish an Individual or Joint Account, Uniform Gifts/Transfers to Minors Account, Retirement Plan Account or Trust Account.
Please type or print clearly.

You may also open an account through our web portal at www.weitzinvestments.com.

1. Account Registration (select and complete **only one** section, A-E)

☐ A. INDIVIDUAL OR JOINT ACCOUNT | *Must not be a minor*

Account Owner

Name

SSN

– –

Birth Date (MM-DD-YYYY)

☐ U.S. Citizen ☐ Resident Alien

Joint Owner*

Name

SSN

– – k

Birth Date (MM-DD-YYYY)

☐ U.S. Citizen ☐ Resident Alien

*Joint tenancy with right of survivorship is presumed unless you instruct otherwise

TRANSFER ON DEATH BENEFICIARY DESIGNATION

If you wish to establish a transfer on death (TOD) registration on your nonretirement account, which enables you to have account assets transferred to named beneficiaries in the event of your or, in the case of joint owners, the death of the last surviving owner, complete a Transfer on Death Beneficiary Form (available at weitzinvestments.com or from Weitz Client Services), and return it with your signed application.

Only accounts registered as individual or joint tenants with rights of survivorship may designate a TOD beneficiary. TOD instructions cannot be established for joint accounts registered as tenants in common, UGMA/UTMA, corporate, trust, partnership or omnibus accounts.

PROCEED TO SECTION 2 →

☐ B. UNIFORM GIFTS/TRANSFERS TO MINORS (UGMA/UTMA)

Adult Custodian | *Only one permitted*

Name

SSN

– –

Birth Date (MM-DD-YYYY)

☐ U.S. Citizen ☐ Resident Alien

Minor

Name

SSN

– –

Birth Date (MM-DD-YYYY)

☐ U.S. Citizen ☐ Resident Alien

Under the _____ Uniform Gifts/Transfers to Minors Act
State of Residence of Minor

PROCEED TO SECTION 2 →

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☐ C. RETIREMENT PLAN

Name of Plan

☐☐☐☐☐☐☐☐☐

Plan TIN

☐ Please check this box if your retirement plan is **covered by ERISA** and therefore exempt from the **Federal Customer Identification Program** rules.

Person(s) authorized to act on behalf of this account | *Attach a separate list for additional authorized persons if needed.*

NAME	SOCIAL SECURITY NUMBER	BIRTH DATE (MM-DD-YYYY)
	☐☐☐-☐☐-☐☐☐☐	☐☐-☐☐-☐☐☐☐
	☐☐☐-☐☐-☐☐☐☐	☐☐-☐☐-☐☐☐☐
	☐☐☐-☐☐-☐☐☐☐	☐☐-☐☐-☐☐☐☐

PROCEED TO SECTION 2 →

☐ D. TRUST ACCOUNT

Include a copy of the **title page**, **trustees page** and **signature page of the trust agreement**, or a **certification of trust**. **Failure to provide this documentation may result in a delay in processing your application.**

Name of Trust

Trust Date

☐☐☐☐☐☐☐☐☐

Trust ☐ SSN or ☐ TIN

Number of trustee signatures required by the trust instrument to redeem or exchange shares. ***If left blank, all trustees will be required to sign.***

Name of Trustees | *Attach a separate list for additional authorized persons if needed.*

Trustee 1

Name

☐☐☐☐☐☐☐☐☐ ☐ SSN or ☐ TIN

☐☐-☐☐-☐☐☐☐ Birth Date (MM-DD-YYYY)

Address

City | State | ZIP

Trustee 2

Name

☐☐☐☐☐☐☐☐☐ ☐ SSN or ☐ TIN

☐☐-☐☐-☐☐☐☐ Birth Date (MM-DD-YYYY)

Address

City | State | ZIP

PROCEED TO SECTION 2 →

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☐ E. CORPORATE OR OTHER ENTITY ACCOUNT

Corporate accounts must also complete a Legal Entity Beneficial Ownership Certification form. Please contact Weitz Client Services for assistance.

_____ ☐☐☐☐☐☐☐☐☐

Name of Entity | Entity TIN

Select Entity Type:

☐ **C Corporation**
Include a copy of the **certified Articles of Incorporation** or **Business License** of the corporation.

☐ **S Corporation**
Include a copy of the **certified Articles of Incorporation** or **Business License** of the corporation.

☐ **Partnership**
Include a copy of the **Partnership Agreement**.

☐ **Limited Liability Company**
Include a copy of the **Organizational Document**.

Please enter tax classification: _____ (C = C Corporation, S = S Corporation, P = Partnership)

☐ **Estate**
Include a copy of the **Letter of Testamentary.**

☐ **Omnibus Account**

☐ **Other Entity** (Specify) _____
Include a copy of the **Organization Document**.

Person(s) authorized to act on behalf of this account | *Attach a separate list for additional authorized persons if needed.*

NAME	SOCIAL SECURITY NUMBER	BIRTH DATE (MM-DD-YYYY)
_____	☐☐☐☐☐☐☐☐☐	☐☐–☐☐–☐☐☐☐
_____	☐☐☐☐☐☐☐☐☐	☐☐–☐☐–☐☐☐☐
_____	☐☐☐☐☐☐☐☐☐	☐☐–☐☐–☐☐☐☐

2. Address

Per the USA Patriot Act, an account's registration address must be a physical street address. A P.O. Box is not permitted.

_____

Registration Address (physical address only)

_____ _____ _____ _____ _____

City | State | ZIP | Daytime Telephone | Evening Telephone

_____

Email Address

_____

Alternate Address (If you wish to have account-related documents mailed to an address other than the registration address. P.O. Box permitted)

_____ _____ _____

City | State | ZIP

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3. Duplicate Mailing Address

Complete if you would like us to send copies of your ☐ **quarterly statements** and/or ☐ **transaction confirmations** to an additional party.

Name _____

Mailing Address _____ City _____ State _____ ZIP _____

4. Initial Funding and Investment Selections

Provide information regarding your contribution method:

☐ **One-time purchase with a check made payable to "Weitz Funds."** Weitz Funds does not accept third-party checks, cashier's checks, traveler's checks, instant loan checks, credit card convenience checks, post-dated checks, checks drawn on banks outside the U.S.

☐ **One-time purchase via ACH –** Complete section 5B, Bank Information. The transaction will be processed on the same day the account is established.

Indicate below the purchase amount for each fund in which you will be investing:

FUND NAME / TICKER SYMBOL / FUND #	INVESTMENT AMOUNT ($)
Large Cap Equity Fund	
Institutional Class / WVAIX / 541	$1,000,000 minimum _____
Investor Class / WVALX / 328	$2,500 minimum _____
Multi Cap Equity Fund	
Institutional Class / WPVIX / 562	$1,000,000 minimum _____
Investor Class / WPVLX / 331	$2,500 minimum _____
Partners III Opportunity Fund	
Institutional Class / WPOPX / 310	$1,000,000 minimum _____
Investor Class / WPOIX / 436	$2,500 minimum _____
Conservative Allocation Fund	
Institutional Class / WBAIX / 540	$1,000,000 minimum _____
Investor Class / WBALX / 400	$2,500 minimum _____
Short Duration Income Fund	
Institutional Class / WEFIX / 329	$1,000,000 minimum _____
Investor Class / WSHNX / 437	$2,500 minimum _____
Core Plus Income Fund	
Institutional Class / WCPBX / 573	$1,000,000 minimum _____
Investor Class / WCPNX / 574	$2,500 minimum _____
Nebraska Tax Free Income Fund / WNTFX / 311	$2,500 minimum _____
Ultra Short Government Fund / SAFEX / 330	$25,000 minimum _____

DISTRIBUTION OPTIONS

All distributions will be reinvested in additional shares unless indicated below:

☐ Pay all capital gains in cash

☐ Pay all dividends in cash

Paid by (select one):

☐ Check

☐ ACH Deposit (complete section 5B, Bank information)

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5. Account Options

A. TELEPHONE AND INTERNET SERVICES

Unless indicated below, I authorize Weitz Funds to accept instruction to exchange or redeem shares in my account(s) by telephone in accordance with the procedures and conditions set forth in the current prospectus.

Redemptions by telephone may be made for a maximum of $100,000 and will be sent by check via U.S. mail to the address of record, or sent to the bank of record, if the Bank Information section of the application has been completed. If an account has multiple owners, Weitz Funds may rely on the instructions of any one account owner. Neither Weitz Funds nor the transfer agent will be liable for losses caused by following telephone instructions provided reasonable procedures are employed to confirm that instructions communicated by telephone are genuine.

I DO NOT WANT:

☐ Telephone Redemption Privileges ☐ Telephone Exchange Privileges ☐ Internet Redemption Privileges ☐ Internet Exchange Privileges

B. BANK INFORMATION

You must complete this section if you would like the ability to participate in the **Automatic Investment Plan**, have **redemption proceeds** deposited in your bank account or have **distributions** deposited in your bank account. A voided, unsigned check for this bank account is required.

Bank Name

Bank Address | City | State | ZIP

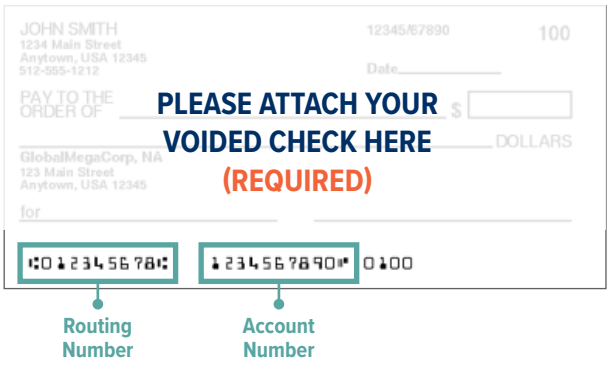
Name(s) on Bank Account

Bank Account Number | Bank Routing Number

Type of Account

☐ Checking Account

☐ Savings Account



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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C. COST BASIS

Please select one of the following cost basis methods. The selected method will be used to calculate the gain or loss on all future sales of shares acquired on or after January 1, 2021, for all accounts established by this application and any future accounts unless a different method is provided. If no election is made, Weitz Funds' default cost basis method of Average Cost will be applied to your account(s).

- ☐ **Average Cost (ACST):** uses the average price of shares as the cost basis.
- ☐ **First-In First-Out (FIFO):** oldest shares in account are redeemed first.
- ☐ **Last-In First-Out (LIFO):** newest shares in account are redeemed first.
- ☐ **High-Cost First-Out (HCFO):** the shares with the highest cost are redeemed first.
- ☐ **Low-Cost First-Out (LCFO):** the shares with the lowest cost are redeemed first.
- ☐ **Specific Lot Identification (SPID):** assumes specific shares in an account will be selected by the shareholder each time shares are redeemed.

D. AUTOMATIC INVESTMENT BY ACH

- Enter the dollar amount for each fund 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.

FUND	$ AMOUNT	DAY OF THE MONTH				FREQUENCY				BEGINNING (Month / Year)
		1st	8th	15th	22nd	Monthly	Quarterly	Semi-Annually	Annually	
Large Cap Equity Fund Institutional Class / WVAIX / 541		☐	☐	☐	☐	☐	☐	☐	☐	/
Investor Class / WVALX / 328		☐	☐	☐	☐	☐	☐	☐	☐	/
Multi Cap Equity Fund Institutional Class / WPVIX / 562		☐	☐	☐	☐	☐	☐	☐	☐	/
Investor Class / WPVLX / 331		☐	☐	☐	☐	☐	☐	☐	☐	/
Partners III Opportunity Fund Institutional Class / WPOPX / 310		☐	☐	☐	☐	☐	☐	☐	☐	/
Investor Class / WPOIX / 436		☐	☐	☐	☐	☐	☐	☐	☐	/
Conservative Allocation Fund Institutional Class / WBAIX / 540		☐	☐	☐	☐	☐	☐	☐	☐	/
Investor Class / WBALX / 400		☐	☐	☐	☐	☐	☐	☐	☐	/
Short Duration Income Fund Institutional Class / WEFIX / 329		☐	☐	☐	☐	☐	☐	☐	☐	/
Investor Class / WSHNX / 437		☐	☐	☐	☐	☐	☐	☐	☐	/
Core Plus Income Fund Institutional Class / WCPBX / 573		☐	☐	☐	☐	☐	☐	☐	☐	/
Investor Class / WCPNX / 574		☐	☐	☐	☐	☐	☐	☐	☐	/
Nebraska Tax Free Income Fund / WNTFX / 311		☐	☐	☐	☐	☐	☐	☐	☐	/
Ultra Short Government Fund / SAFEX / 330		☐	☐	☐	☐	☐	☐	☐	☐	/

REGULAR ACCOUNT APPLICATION

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6. Notice of Privacy Policy and Procedures

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

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

7. Signature

- 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.
- I understand that the terms, representations and conditions in this application and the prospectus, as amended from time to time, will apply and that this application is in effect until another duly executed application is received by Weitz Funds.
- I understand that to comply with federal regulations, information provided on this application will be used to verify my identity. Weitz Funds must obtain my name, date of birth (for individuals), social security (SSN) or taxpayer identification number (TIN) and physical residence address (no post office boxes). If Weitz Funds is unable to verify my identity, I understand it may need to take action, possibly including closing my account and redeeming the shares at the current market price, and that such action may have tax consequences.
- I understand that I and all shareholders at my address will receive one copy of fund documents (such as annual reports and proxy statements) unless I authorize electronic delivery of such documents. Electronic delivery elections are made by accessing my account online.
- I authorize Weitz Funds and its agents to act upon instructions (by phone, in writing, delivered electronically or by other means) believed to be genuine and in accordance with the procedures described in the prospectus.
- 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.
- If I have completed the section titled “Automatic Investment Plan via ACH,” 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 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.

I certify under penalties of perjury that:

(1) The Social Security or taxpayer identification number(s) provided in Section 1 are correct.

(2) The IRS has never notified me that I am subject to backup withholding or has notified me that I am no longer subject to such backup withholding.

(3) I am a U.S. citizen or a legal U.S. resident.

(4) The entity is exempt from Foreign Account Tax Compliance Act (FATCA) reporting (if applicable).

☐ **Check this box if you are subject to backup withholding and cannot certify to item 2 above.**

Note: The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

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

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

SIGNATURES MUST BE PROVIDED FOR ALL INDIVIDUALS AUTHORIZED TO ACT ON BEHALF OF THIS ACCOUNT.
PLEASE ATTACH A SEPARATE LIST IF NECESSARY.

GIFT OR TRANSFER OF SHARES

Please do not use for IRA Accounts

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

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FAX
(402) 963-9094

EMAIL
clientservices@weitzinvestments.com

Use this form to make a gift or transfer of shares to an individual or a non-profit organization or for re-registration (name change, divorce/separation, individual to trust, etc.). **Additional documentation and/or a Medallion Signature Guarantee may be required.** Please type or print clearly.

1. Account Information

Account Owner Name

SSN ☐☐☐☐☐☐☐☐☐

Birth Date (MM-DD-YYYY) ☐☐–☐☐–☐☐☐☐

Joint Account Owner Name

SSN ☐☐☐☐☐☐☐☐☐

Birth Date (MM-DD-YYYY) ☐☐–☐☐–☐☐☐☐

Account Number

Daytime Telephone

Email Address

2. Reason for Transfer

Please select the reason for transfer.

☐ **Re-registration**
Additional documentation may be required. Examples include:
- Joint to Individual Account – Divorce decree or court order
- Individual to Trust Account – Title page, trustees page and signature page of the trust agreement, or a certification of trust

☐ **Death (Inheritance) –** A copy of death certificate is required

☐☐–☐☐–☐☐☐☐
Death Date (MM-DD-YYYY)

☐ **Gift**

X _____
Fair Market Valuation Acceptance | *Signature of New Owner*

If the recipient's existing account or new account will use the **Average Cost accounting method**, they must sign above indicating acceptance of the shares valued at fair market value of the date of gift or settlement date if the shares are transferred at a loss.

GIFT OR TRANSFER OF SHARES

Weitz | INVESTMENT MANAGEMENT

3. Transfer Instructions

TRANSFER FROM:

Indicate the fund and amount (dollars OR shares OR % of account) below.
Note: Shares may only be transferred within the same fund.

_____ ☐ $ _____ , ☐ _____ shares, or ☐ _____ % of account
Fund Name / Number

_____ ☐ $ _____ , ☐ _____ shares, or ☐ _____ % of account
Fund Name / Number

_____ ☐ $ _____ , ☐ _____ shares, or ☐ _____ % of account
Fund Name / Number

TRANSFER TO:

☐ Existing Account

_____
Name of Individual or Non-Profit Organization

_____
Existing Account Number

☐ New Account
The new owner must complete a Regular Account Application

4. Signature

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