REGULAR ACCOUNT APPLICATION

Please do not use for IRA Accounts

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

OVERNIGHT MAILING ADDRESS
Weitz Funds
4249 Easton Way, Suite 400
Columbus, OH 43219

PHONE
(888) 859-0698

FAX
(833) 552-1678

EMAIL
clientservices@weitzinvestments.com

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each customer who opens an account, and to determine whether such person's name appears on government lists of known or suspected terrorists or terrorist organizations.

Weitz Funds must obtain the customer's name, date of birth (for individuals), taxpayer identification number and physical residence address (no post office boxes) for each customer who opens an account.

1. ACCOUNT REGISTRATION (complete only sections A-E)

A. INDIVIDUAL OR JOINT ACCOUNT (may not be a minor)

INDIVIDUAL

Name ______________________

Social Security Number ______________________

Birth Date ______________________

☐ U.S. Citizen ☐ Resident Alien

JOINT REGISTRANT
(Joint tenancy with right of survivorship is presumed unless you instruct otherwise)

Name ______________________

Social Security Number ______________________

Birth Date ______________________

☐ U.S. Citizen ☐ Resident Alien

TRANSFER ON DEATH BENEFICIARY DESIGNATION

If you wish to have account assets transferred to named beneficiaries in the event of your death, or in the case of a joint account the death of both owners, complete a Transfer on Death Beneficiary Form (available at weitzinvestments.com or from Client Services) and return it with your signed application.

Transfer on death instructions can only be established for individual and joint accounts registered as joint tenants with right of survivorship. Transfer on death 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 GIFT/TRANSFER TO MINORS (UGMA/UTMA)

ADULT CUSTODIAN (only one permited)

Name ______________________

Social Security Number ______________________

Birth Date ______________________

Under the ____________ Uniform Gift/Transfer to Minors Act
State of Residence of Minor

MINOR

Name ______________________

Social Security Number ______________________

Birth Date ______________________

PROCEED TO SECTION 2 →

C. RETIREMENT PLAN

Name of Plan ______________________

____

Plan Tax Identification Number ______________________

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

PERSON(S) AUTHORIZED TO ACT ON BEHALF OF THIS ACCOUNT

______________________ ______________________

______________________ ______________________

PROCEED TO SECTION 2 →

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D. TRUST ACCOUNT (the first and last pages of the trust document must be attached)

Name of Trust ______________________________

Trust Date ______________________ Trust Tax Identification or Social Security Number ______________________

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

TRUSTEE 1

Name ______________________

Social Security Number ______________________

Birth Date ______________________

Address ______________________

City ____________ State ____ Zip ______

TRUSTEE 2

Name ______________________

Social Security Number ______________________

Birth Date ______________________

Address ______________________

City ____________ State ____ Zip ______

(Attach a separate list for additional trustees if needed)

PROCEED TO SECTION 2 →

E. CORPORATE OR OTHER ENTITY ACCOUNT

Please note: Corporate accounts must also complete a "Legal Entity Beneficial Ownership Certiciation" form.

Name of Entity ______________________________

Entity Tax Identification Number ______________________________

- ☐ C Corporation (A copy of the certified articles of incorporation or business license of the corporation must be attached unless an exemption is indicated below)
- ☐ S Corporation (A copy of the certified articles of incorporation or business license of the corporation must be attached unless an exemption is indicated below)
- ☐ Partnership (A copy of the partnership agreement must be attached)
- ☐ Limited Liability Company (A copy of the organizational document must be attached unless an exemption is indicated below)
  Please enter tax classification: ______ (C=C Corporation, S=S Corporation, P=Partnership)
- ☐ Estate ______________________
- ☐ Other Entity (Specify) ______________________
  (A copy of the organizational document must be attached unless an exemption is indicated below)

If this account is a ☐ Nominee or an ☐ Omnibus account, please indicate here.

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

2. ADDRESS

Note: for UGMA/UTMA accounts, the address must be listed for the custodian of the account.

Mailing Address ______________________________

City ______________________ State ________ Zip Code ______________

Daytime Telephone ______________________ Evening Telephone ______________________

Email address ______________________________

CONTINUED →

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2. ADDRESS (continued)

If the mailing address listed above is a PO Box, please provide the street address below (as required by the USA Patriot Act):

Street Address ______________________________

City ____________________ State __________ Zip Code ______________

☐ I **AGREE** to receive **ELECTRONIC COMMUNICATIONS** from Weitz Investment Management, Inc. (Weitz Funds).
(please provide email address in section 2)

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 Code ______________

4. INVESTMENT SELECTION

Enclosed is my check payable to ***Weitz Funds***. The funds do not accept cash, money orders, post-dated checks, travelers checks, third-party checks, credit card convenience checks, instant loan checks, checks drawn on banks outside the U.S. or other checks deemed to be high risk.

FUND NAME / TICKER SYMBOL / FUND #	INVESTMENT AMOUNT ($)
Value Fund	
Institutional Class / WVAIX / 541	$1,000,000 Minimum ________
Investor Class / WVALX / 328	$2,500 Minimum ________
Partners Value 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 ________
Hickory Fund / WEHIX / 332	$2,500 Minimum ________
Balanced 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

☐ Pal all dividends in cash

Paid by (select one):

☐ Check

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

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. Redemptions from corporate accounts, retirement accounts or certain other accounts cannot be requested by telephone. 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 the Telephone Redemption Privilege

☐ **I DO NOT** want the Telephone Exchange Privilege

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 to your bank account or have distributions deposited to your bank account. Please attach a voided, unsigned check or savings deposit slip for this bank account.

Type of Account ☐ Checking Account ☐ Savings Account

Bank Name ______________________________

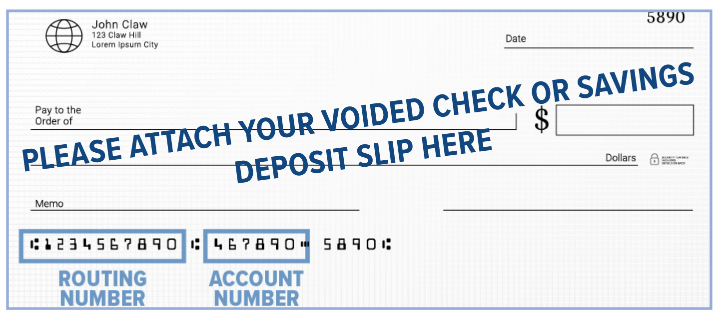
Bank Address ______________________________

City ____________________ State __________ Zip Code ____________

Name(s) on Bank Account ______________________________

Account Number ____________________ Routing Number ____________________

If this section is not completed and you later request a wire or ACH redemption, the bank instructions you provide at that time will require an <u>original medallion signature guarantee</u> when they are submitted.



C. COST BASIS

Please select one of the following cost basis methods. Your election will be used when calculating the gain or loss for all future sales of shares acquired on or after January 1, 2012, 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. This is the default cost basis accounting method for Weitz

☐ **First-In First-Out (FIFO)**: oldest shares in account are redeemed first.

☐ **Last-In First-Out (LIFO)**: newest shares in the account are redeemed first.

☐ **High-Cost First-Out (HIFO):** the shares with the highest cost are redeemed first.

☐ **Low-Cost First-Out (LOFO):** 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. A secondary cost basis method is required and will be used in the event of any automated transactions, or for a redemption placed without specific lot identification.
(If you do not elect a secondary method, you will be defaulted to First-In First-Out).

☐ First-In First-Out ☐ Last-In First-Out

☐ High-Cost First-Out ☐ Low-Cost First-Out

D. AUTOMATIC INVESTMENT BY ACH

Fund	$ Amount	1st	8th	15th	22nd	Monthly	Quarterly	Semi-Annually	Annually	Beginning (Month/Year)
		(If the date below falls on a holiday or weekend, the entry will be posted on the next business day)				FREQUENCY				
Value Fund										
Institutional Class / WVAIX / 541	______	☐	☐	☐	☐	☐	☐	☐	☐	/
Investor Class / WVALX / 328	______	☐	☐	☐	☐	☐	☐	☐	☐	/
Partners Value Fund										
Institutional Class / WPVIX / 562	______	☐	☐	☐	☐	☐	☐	☐	☐	/
Investor Class / WPVLX / 331	______	☐	☐	☐	☐	☐	☐	☐	☐	/
Partners III Opportunity Fund										
Institutional Class / WPOPX / 310	______	☐	☐	☐	☐	☐	☐	☐	☐	/
Investor Class / WPOIX / 436	______	☐	☐	☐	☐	☐	☐	☐	☐	/
Hickory Fund / WEHIX / 332	______	☐	☐	☐	☐	☐	☐	☐	☐	/
Balanced 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	______	☐	☐	☐	☐	☐	☐	☐	☐	/

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.

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 sub-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.

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7. SIGNATURE (all account owners/trustees must sign)

- 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***.
- The terms, representations and conditions in this application and the prospectus, as amended from time to time, will apply to any account established at a later date. This application is in effect until another duly executed application is received by Weitz Funds.
- I authorize Weitz Funds and its agents to act upon instructions (by phone, in writing, delivered electronically or other means) believed to be genuine and in accordance with the procedures described in the prospectus for this account or any other account into which investments are made.
- 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.
- I have received, read and understand the Important Information About Procedures for Opening an Account.

Under penalty of perjury, I certify that:

(1) The social security or employer identification number shown on this application is my current Taxpayer Identification Number.

(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding, and

(3) I am a U.S. person (including a U.S. resident alien).

(Cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding.)

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.

WEITZ SECURITIES, INC. IS THE DISTRIBUTOR OF THE WEITZ FUNDS