

The term IRA will be used to mean Traditional IRA, SEP IRA or Roth IRA, unless otherwise specified.

1. IRA REGISTRATION – Please print and use pen

Name _____ Social Security Number _____ Date of Birth _____

Mailing Address _____

City/State _____ Zip Code _____

Home Phone _____ Work Phone _____ E-mail Address _____

IRA Account Number _____

Type of IRA: Traditional IRA Roth IRA SEP IRA Inherited IRA

2. BENEFICIARY DESIGNATION

Please check one of the following options.

- REPLACE BENEFICIARY(IES)** – I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of this IRA and hereby revoke all prior beneficiary(ies) designations, if any, made by me.
- ADD BENEFICIARY(IES)** – I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of this IRA. This list supplements, but does not replace, the beneficiary(ies) previously designated by me on the document specified below. *(When adding beneficiaries, if share % of previously designated beneficiary(ies) changes, restate all beneficiaries and the corresponding share % if the previous percentages are no longer correct.)*

The following individual(s) or entity shall be my primary and/or contingent beneficiary(ies). If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the IRA. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.

If you designate multiple beneficiaries, please check one of the following distribution methods for directing the assigned share of assets for a beneficiary who predeceases you:

- the deceased beneficiary’s share shall be divided among his or her descendant, per stirpes, or
- the deceased beneficiary’s share shall terminate completely, and be allocated proportionately among the other beneficiaries.

Primary Beneficiary (ies):

Name _____ Social Security Number _____ Date of Birth _____ Percentage _____

Address _____ Relationship _____

Name _____ Social Security Number _____ Date of Birth _____ Percentage _____

Address _____ Relationship _____

Name _____ Social Security Number _____ Date of Birth _____ Percentage _____

Address _____ Relationship _____

2. BENEFICIARY DESIGNATION (Continued)

Contingent Beneficiary (ies):

Name _____ Social Security Number _____ Date of Birth _____ Percentage _____

Address _____ Relationship _____

Name _____ Social Security Number _____ Date of Birth _____ Percentage _____

Address _____ Relationship _____

Name _____ Social Security Number _____ Date of Birth _____ Percentage _____

Address _____ Relationship _____

SPOUSAL CONSENT

This section should be reviewed if the account holder is married, is a resident of a community property or marital property state and designates a beneficiary other than the spouse. It is the account holder's responsibility to determine if this section applies. The account holder may need to consult with legal counsel.

I am the spouse of the IRA holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this IRA, I have been advised to see a tax professional. I hereby give the IRA holder any interest I have in the funds or property deposited in this IRA and consent to the beneficiary designation(s). I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian or Weitz Funds.

Signature of Spouse _____

I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to the Custodian. Neither the Custodian nor Weitz Funds has provided tax or legal advice to me regarding my beneficiary designations.

After my death, I authorize the Weitz Funds to rely upon and take instruction from my personal representative and any trustee of a trust designated herein in respect to all matters and calculations relating to the distribution from my account including, without limitation: the identity of the beneficiaries who have survived or not survived me, their ages, their competence, and their descendants; the form and content of any trust which may receive any distribution from my account; the names, ages, and competence of persons who are beneficiaries of any trust which may receive distributions from my account; the amount or portion of the account which should be distributed to or set aside for any beneficiary, the determination as to whether a trust is a "designated beneficiary" under Section 401(a)(9) of the Internal Revenue Code, and the period over which distributions should be made to the beneficiary. I acknowledge that the Weitz Funds have no responsibility to review my beneficiary designation, or to advise me or my beneficiaries of the tax consequences of any beneficiary designation, or to calculate minimum required distributions for me or any beneficiary. I and my beneficiaries shall be solely responsible for calculating and requesting minimum distributions from this account.

Signature of IRA Holder _____

Date _____

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