

IRA TRANSFER/ROLLOVER FORM

MAILING ADDRESS

Weitz Funds
PO Box 541150
Omaha, NE 68154

OVERNIGHT MAILING ADDRESS

Weitz Funds
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Use this form to initiate a transfer or rollover of assets from an IRA at a different financial institution or a former employer's retirement plan, to an IRA at Weitz Funds. If you do not currently have an IRA at Weitz Funds, you must complete an IRA Account Application. Please note, retirement plans may not accept this form and may require their own paperwork. Do not use this form for Roth IRA Conversions. **Please type or print clearly.**

1. Account Information

Account Registration

Account Number

SSN

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Birth Date (MM-DD-YYYY)

Daytime Telephone

Email Address

2. Current IRA/Retirement Plan Information

Current Custodian / Trustee / Employer

Account Number (current IRA or plan)

Phone Number

Mailing Address

City

State

ZIP

Type of Plan Being Transferred/Rolled

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Maturity Date / CDs only (MM-DD-YYYY)

Please include a copy of your most recent statement.

3. Transfer/Rollover Instructions for Current Custodian/Employer

Select one:

1. I am transferring assets from an existing Traditional IRA to a Weitz Funds Traditional IRA.
2. I am transferring assets from an existing SEP IRA to a Weitz Funds SEP IRA.
3. I am transferring assets from an existing Inherited IRA to a Weitz Funds Inherited IRA.
4. I am transferring assets from an existing Roth IRA to a Weitz Funds Roth IRA.
5. I am directly rolling over my retirement plan assets to a Weitz Funds Traditional IRA.
6. I am directly rolling over my Roth 401(k) assets to a Weitz Funds Roth IRA.

Please liquidate all, _____ % , or \$ _____ and transfer or directly rollover my assets according to the option selected above.

Please make check payable to: **Weitz Funds**
FBO (Traditional IRA, Roth, or SEP IRA) [Client Name] [Account Number]

4. IRA Transfer/Rollover Deposit Information

Monies should be invested in my IRA as follows:
 (Please note the minimums listed below.)

FUND NAME / TICKER SYMBOL / FUND #	INVESTMENT AMOUNT (\$)	OR	%
Value Fund / Institutional Class / WVAIX / 541	\$1,000,000 minimum _____		_____
Value Fund / Investor Class / WVALX / 328	\$2,500 minimum _____		_____
Partners Value Fund / Institutional Class / WPVIX / 562	\$1,000,000 minimum _____		_____
Partners Value Fund / Investor Class / WPVLX / 331	\$2,500 minimum _____		_____
Partners III Opportunity Fund / Institutional Class / WPOPX / 310	\$1,000,000 minimum _____		_____
Partners III Opportunity Fund / Investor Class / WPOIX / 436	\$2,500 minimum _____		_____
Hickory Fund / WEHIX / 332	\$2,500 minimum _____		_____
Balanced Fund / Institutional Class / WBAIX / 540	\$1,000,000 minimum _____		_____
Balanced Fund / Investor Class / WBALX / 400	\$2,500 minimum _____		_____
Short Duration Income Fund / Institutional Class / WEFIX / 329	\$1,000,000 minimum _____		_____
Short Duration Income Fund / Investor Class / WSHNX / 437	\$2,500 minimum _____		_____
Core Plus Income Fund / Institutional Class / WCPBX / 573	\$1,000,000 minimum _____		_____
Core Plus Income Fund / Investor Class / WCPNX / 574	\$2,500 minimum _____		_____
Ultra Short Government Fund / SAFEX / 330	\$25,000 minimum _____		_____

Approximate amount of transfer/rollover: \$ _____

5. Account Information

Please check one of the following:

I have attached my completed IRA Application.

My existing Weitz Funds IRA account number is _____
Fund Account Number

6. Signatures

- I understand the rules and conditions applicable to rollovers and transfers and certify that I qualify to make the deposit of funds described in the "Transfer/Rollover Instructions" section of this form.
- If Options 1 through 4 were selected in Section 3, I authorize the transfer of IRA assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the successor custodian. If Options 5 or 6 have been selected, I certify that I have read and understand the IRC Sec. 402(f) Notice provided to me by my plan administrator and hereby request payment from the plan of the employer designated above in the form of a direct rollover. I assume full responsibility for this rollover and will not hold the Plan Administrator, Trustee, Custodian, Weitz Funds or Issuer of the distributing plan liable for any adverse consequences that may result. Finally, I hereby irrevocably designate this contribution of the funds indicated above as a direct rollover contribution.
- I understand that if assets from a qualified retirement plan or tax sheltered annuity are rolled over to an IRA, and I add additional assets to that IRA, I may be unable to roll those assets back into a qualified plan or tax sheltered annuity.
- 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 Date

MEDALLION SIGNATURE GUARANTEE (IF REQUIRED BY CURRENT CUSTODIAN OR TRUSTEE)

Please contact the current custodian from whom you are transferring funds to verify if they require a signature guarantee or other documentation. If a Medallion Signature Guarantee is required, this form may not be signed electronically and must be mailed to Weitz Funds at the address provided.

Medallion Signature Guarantee (Affix stamp here)

A signature guarantee must be obtained from an institution participating in the Securities Transfer Agent Medallion Program. Such institutions typically include commercial banks that are FDIC members, trust companies and member firms of a domestic stock exchange. "STAMP 2000 MEDALLION IMPRINTS" is the only form of signature guarantee that will be accepted. Please note that a Notary Public is not an eligible guarantor.

The undersigned, acting as agent for the successor IRA Custodian, agrees to accept transfer of the above amount for deposit to the Depositor's First National Bank Individual Retirement Custodial Account, and requests the liquidation and transfer of assets as indicated above.

Ultimus Fund Solutions, LLC

By: X _____
Authorized Signer