SYSTEMATIC WITHDRAWAL PLAN (SWP)

Please do not use for IRA Accounts

Weitz | INVESTMENT MANAGEMENT

MAILING ADDRESS
Weitz Funds
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Cincinnati, OH 45246

OVERNIGHT MAILING ADDRESS
Weitz Funds
225 Pictoria Dr, Suite 450
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PHONE
(888) 859-0698
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(402) 963-9094

EMAIL
clientservices@weitzinvestments.com

Use this form to establish or update a Systematic Withdrawal Plan (SWP), which allows you to withdraw money from your account on a regular basis and have it sent directly to your checking/savings account via ACH, by check to your address of record or to another Weitz Fund account. Please type or print clearly.

You may also establish or update a Systematic Withdrawal Plan through our web portal at www.weitzinvestments.com.

1. Account Information

Account Registration

Account Number

☐ SSN or ☐ TIN

Birth Date (MM-DD-YYYY)

Daytime Telephone

Email Address

2. Systematic Withdrawal

Request type: ☐ Establish a new SWP ☐ Update an existing SWP

- Enter the dollar amount for each fund in which you wish to establish a SWP.
- If no day or frequency is chosen, redemptions will be made from the selected fund(s) on the 22nd day of each month.
- If any weekends or holidays occur on the selected days, the redemptions will be made on the previous 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 / WVALX & WVAIX / 328 & 541		☐	☐	☐	☐	☐	☐	☐	☐	/
Multi Cap Equity Fund / WPVLX & WPVIX / 331 & 562		☐	☐	☐	☐	☐	☐	☐	☐	/
Partners III Opportunity Fund / WPOPX & WPOIX / 310 & 436		☐	☐	☐	☐	☐	☐	☐	☐	/
Conservative Allocation Fund / WBALX & WBAIX / 400 & 540		☐	☐	☐	☐	☐	☐	☐	☐	/
Short Duration Income Fund / WEFIX & WSHNX / 329 & 437		☐	☐	☐	☐	☐	☐	☐	☐	/
Core Plus Income Fund / WCPBX & WCPNX / 573 & 574		☐	☐	☐	☐	☐	☐	☐	☐	/
Ultra Short Government Fund / SAFEX / 330		☐	☐	☐	☐	☐	☐	☐	☐	/

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3. Method of Payment / Bank Information

Payment method:

☐ Send a check to the address of record

☐ ACH to existing bank instructions

☐ ACH to new bank instructions (provide information below)

☐ Distribute to existing Weitz Account: _____ Fund Number _____ Account Number

_____
Bank Name

_____ _____ _____ _____
Bank Address City State ZIP

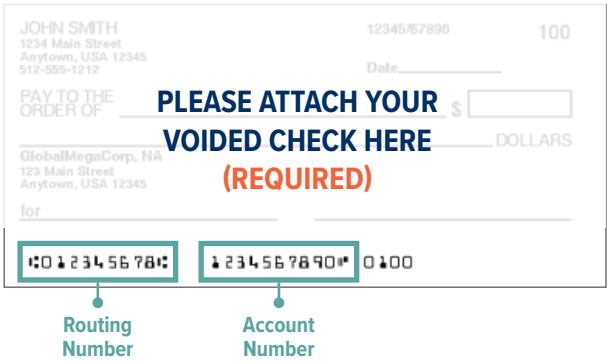
_____
Name(s) on Bank Account

_____ _____
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.

4. 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.
- This authority will remain in effect until I notify Weitz Funds to cancel. I can stop or change the dollar amount of this automatic service by notifying Weitz Funds three (3) business days before my 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 understand that if 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

X _____
Signature of Owner/Authorized Signer Date

X _____
Signature of Owner/Authorized Signer Date