

# SYSTEMATIC WITHDRAWAL PLAN (SWP)

Please do not use for IRA Accounts



### 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

### PHONE

(888) 859-0698  
FAX  
(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](http://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	
Value Fund / WVALX & WVAIX / 328 & 541	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ / ___
Partners Value Fund / WPVLX & WPVIX / 331 & 562	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ / ___
Partners III Opportunity Fund / WPOPX & WPOIX / 310 & 436	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ / ___
Hickory Fund / WEHIX / 332	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ / ___
Balanced Fund / WBALX & WBAIX / 400 & 540	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ / ___
Short Duration Income / WEFIX & WSHNX / 329 & 437	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ / ___
Core Plus Income Fund / WCPBX & WCPNX / 573 & 574	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ / ___
Nebraska Tax-Free Income Fund / WNTFX / 311	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ / ___
Ultra Short Government Fund / SAFEX / 330	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ / ___

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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 \_\_\_\_\_

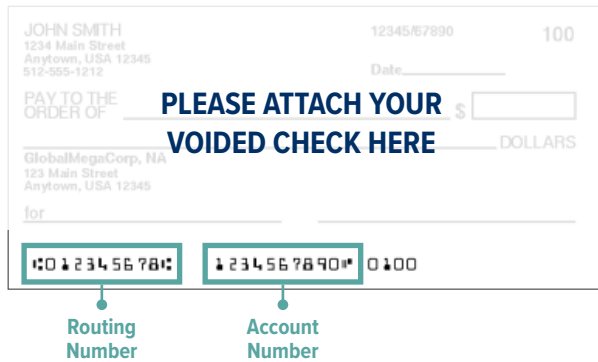
Bank Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name(s) on Bank Account \_\_\_\_\_

Bank Account Number \_\_\_\_\_ Bank Routing Number \_\_\_\_\_

Type of Account

- Checking Account
- Savings Account



## 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