

SYSTEMATIC WITHDRAWAL PLAN (SWP)

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 _____

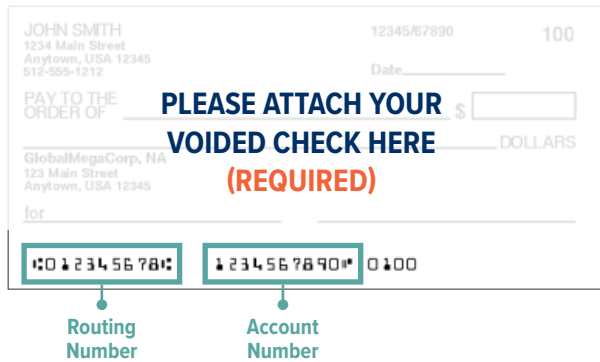
Name(s) on Bank Account _____

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