

# IRA DESIGNATION OF BENEFICIARY

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Use this form to add or update beneficiaries on your IRA account, which enables account assets to be transferred to beneficiaries in the event of your death. **Please type or print clearly.**

## 1. Account Information

**Account Registration**

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
SSN

\_\_\_\_-\_\_\_\_-\_\_\_\_\_  
Birth Date (MM-DD-YYYY)

**Daytime Telephone**

**Email Address**

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. (When adding beneficiaries, if the share % of previously designated beneficiary(ies) changes, or if the previous % are no longer correct, restate all beneficiaries and the corresponding share %.)

### A. PRIMARY BENEFICIARY(IES)

If designating more than one beneficiary, failure to identify the percent allocable to each beneficiary will result in equal allocation among the beneficiaries. The total allocated must equal 100%.

#### Beneficiary 1

\_\_\_\_\_  
Name

\_\_\_\_\_  
Percentage

\_\_\_\_\_  
SSN

\_\_\_\_-\_\_\_\_-\_\_\_\_\_  
Birth Date (MM-DD-YYYY)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

#### Beneficiary 2

\_\_\_\_\_  
Name

\_\_\_\_\_  
Percentage

\_\_\_\_\_  
SSN

\_\_\_\_-\_\_\_\_-\_\_\_\_\_  
Birth Date (MM-DD-YYYY)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

**SECTION CONTINUED →**

# IRA DESIGNATION OF BENEFICIARY

## Beneficiary 3

\_\_\_\_\_  
Name Percentage %

--  
SSN Birth Date (MM-DD-YYYY)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP

## Beneficiary 4

\_\_\_\_\_  
Name Percentage %

--  
SSN Birth Date (MM-DD-YYYY)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP

Please attach a page listing additional beneficiaries with their identifying information, if needed.

## **B. CONTINGENT BENEFICIARY(IES)**

If designating more than one beneficiary, failure to identify the percent allocable to each beneficiary will result in equal allocation among the beneficiaries. The total allocated must equal 100%.

### Beneficiary 1

\_\_\_\_\_  
Name Percentage %

--  
SSN Birth Date (MM-DD-YYYY)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP

### Beneficiary 2

\_\_\_\_\_  
Name Percentage %

--  
SSN Birth Date (MM-DD-YYYY)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP

### Beneficiary 3

\_\_\_\_\_  
Name Percentage %

--  
SSN Birth Date (MM-DD-YYYY)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP

### Beneficiary 4

\_\_\_\_\_  
Name Percentage %

--  
SSN Birth Date (MM-DD-YYYY)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP

Please attach a page listing additional contingent beneficiaries with their identifying information, if needed.

### 3. Spousal Consent

This section applies 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.

X \_\_\_\_\_  
Signature of Spouse Date

### 4. Signature

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.

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