



Mail completed form to:

**Overnight Mail**

Value Line Funds, c/o BFDS  
330 W 9th Street, 1st Floor  
Kansas City, MO 64105

**Standard Mail**

Value Line Funds, c/o BFDS  
P.O. Box 219729  
Kansas City, MO 64121-9729

**Questions?**

Please call us at 800.243.2729

Please type or print clearly. Blue or black ink only.

**1 Customer Information**

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	
Fund Name	Account Number	

**Adding Privilege(s)**       **Changing Privilege(s)**

**2 Telephone Exchange Privilege and/or Telephone Redemption Privilege**

I authorize the Transfer Agent to accept instructions from any person to exchange or redeem shares in my account(s) by telephone, in accordance with the procedures and conditions set forth in the current Prospectus.

**I DO** want the Telephone Exchange Privilege       **I DO** want the Telephone Redemption Privilege

Redemptions by telephone will be sent by check via U.S. Mail to the Address of Record, or sent to the Bank Account of Record. Neither the Fund nor the Transfer Agent will be liable for properly acting upon telephone instructions believed to be genuine.

**Bank Account of Record Request**

NOTE: For Brokerage Accounts — The bank information (bank name, bank account number, ABA) may be different for ACH versus wire. If the bank information is different, provide the information on a separate sheet and attach it to this application. Please call your brokerage firm if you are unsure.

Please attach a voided check (checking account), preprinted deposit slip (savings account) or separate instructions (brokerage account). A signature guarantee is required. Your bank must be a member of the Automated Clearing House (ACH) system to use any options that require the completion of this section. Please call your bank if you are unsure. If you are including a preprinted deposit slip, the bank routing number is usually NOT located on your slip. Please call your bank for the routing number. Money market accounts are not eligible for banking privileges.

**Bank Account Type:**    **Checking Account**     **Savings Account**     **Brokerage Account**

**3 Dividend and Capital Gain Distributions**

**Dividends:**    Reinvest  
 Cash, by check mailed to Address of Record  
 Cash, by ACH to Bank Account of Record

**Capital Gains:**    Reinvest  
 Cash, by check mailed to Address of Record  
 Cash, by ACH to Bank Account of Record



**4 Systematic Withdrawal**

Please redeem sufficient shares on the 10th day of the month or the following business day (\$50.00 minimum). Quarterly withdrawals will be processed on the 10th day or the following business day of the month following the quarter end. (There is a minimum of \$5,000 in the selected Fund to initiate this plan.)

My withdrawal will be scheduled to begin in:   
Month

Transfer funds from my Fund account to my bank account:  Monthly  Quarterly

\$   
Fund Name Dollar Amount

- Check one:**  Send checks to the address of record  
 Deposit proceeds into my bank account ("**Bank Account of Record**" section of this application must be completed)  
 Send checks to the following third party:

**THIRD PARTY INFORMATION**

Instructions to send checks to a third party require a Medallion Signature Guarantee.

First Name Middle Initial Last Name  
  
Street Address  
    
City State Zip Code

**5 Check Writing Privileges**

If a joint account, both account owners must sign below. Only one signature is required when you write a check.

Account Name (must be the same as Shareholder Account Registration)  
  
Authorized Signature(s)  
  
Authorized Signature(s)

**Check here if:**  Shareholder is a Trust, Corporation or other organization

In signing this signature card, you agree to be subject to the rules and regulations of the State Street Bank and Trust Company and the conditions printed in the Value Line prospectus. If a joint account, both account owners must sign below, however, only one signature is required when you write a check.



**6 Signature of Shareholder(s)** *All authorized registered owners of the account must sign*

Signature of Shareholder, Custodian, or Trustee

Date (mm/dd/yyyy)

Signature of Joint Shareholder, if any

Date (mm/dd/yyyy)

**7 Medallion Signature Guarantee**

If adding a bank in Section 2 or sending a check to third party in Section 4, a Medallion Signature Guarantee is required.

Affix Medallion Guarantee Stamp Here

NOTE: A medallion signature guarantee may be obtained from a domestic bank or trust company, broker, dealer, clearing agency, savings association, or other financial institution which participates in a Medallion program recognized by the Securities Transfer Association.