



Mail completed form to:

**Overnight Mail**

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

**Standard Mail**

Value Line Funds  
P.O. Box 219729  
Kansas City, MO 64121-9729

**Questions?**

Please call us at 800.243.2729

- Use this form to add up to two Trusted Contacts to your Value Line Funds account(s). To designate a Trusted Contact person, please complete and sign this form and mail to the address listed at the top of this form. Adding a Trusted Contact provides us with a resource to contact on your behalf, if necessary. A Trusted Contact is a person whom you are permitting us to contact and disclose information to about your account; to address possible financial exploitation; to confirm your contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or as otherwise permitted by applicable rules.

**Trusted Contact Designation**

- Naming a Trusted Contact is optional.
- The Trusted Contact(s) must be at least 18 years old.
- The Trusted Contact(s) **will not be able** to view your account information, execute transactions, or inquire about account activity.
- We suggest that your Trusted Contact(s) not be already authorized to transact business on your account(s) or already able to receive information about your account(s)—e.g., financial consultant, investment advisor, or by virtue of Power of Attorney or View Only authority.
- You do not need to designate a separate Trusted Contact for each one of your accounts. A single designation covers all your Value Line Funds accounts of which you are the account holder or joint account holder, trustee, or agent.
- For accounts with multiple account holders, trustees, or agents, please fill out a separate Trusted Contact form for each account holder, trustee or agent.
- Only you as the account holder has the ability to add, update, or remove a Trusted Contact(s) for your account(s).

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

**1 Account Holder Information**

The Trusted Contact designation(s) only applies to the Account Holder/Trustee/Agent named below.

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Initial	Last Name
<input type="text"/>		
Social Security Number		

**2 Trusted Contact Person(s)**

Trusted Contact information provided on this form will replace all Trusted Contact information currently on file.

**Person 1**

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

Please select only one.

**Relationship:**  Spouse  Partner  Child  Parent  Sibling  Friend  Other \_\_\_\_\_

Please provide at least one method of contact for each Trusted Contact listed.

<input type="text"/>	<input type="text"/>
Street Address	Apartment or Suite
<input type="text"/>	<input type="text"/>
City	State
<input type="text"/>	<input type="text"/>
Home Phone Number	Zip Code
<input type="text"/>	<input type="text"/>
Mobile Phone Number	Email Address



### 2 Trusted Contact Person(s) *Continued*

#### Person 2

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

Please select only one.

**Relationship:**  Spouse  Partner  Child  Parent  Sibling  Friend  Other \_\_\_\_\_

Please provide at least one method of contact for each Trusted Contact listed.

<input type="text"/>	<input type="text"/>
Street Address	Apartment or Suite

<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone Number	Mobile Phone Number	Email Address

### 3 Account Holder/Trustee/Agent Authorization Agreement and Signature

I understand that there is no requirement that Value Line Funds reach out to my Trusted Contact Person and that I may withdraw this Authorization at any time by notifying Value Line Funds via phone or in writing at the address shown on my account statement. By signing below, I and my heirs agree to indemnify and hold Value Line Funds, its predecessors, successors, officers, directors, employees, agents, representatives, parents, affiliates, assigns, and attorneys harmless from and against any and all claims, judgments, taxes, fines, penalties, damages, liabilities, costs, and expenses (including but not limited to attorneys' fees and expert witness fees) incurred by Value Line Funds as a result of any claim, judgment, or proceeding arising out of or relating to Value Line Funds contacting, or failing to contact, my Trusted Contact Person(s) identified in this form.

By my signature below, I authorize Value Line Funds and its affiliates to share my nonpublic personal information held at Value Line Funds with the named Trusted Contact Person(s) identified above. Nonpublic personal information includes, but is not limited to, financial account information and balances, recommendation for purchase of a security or insurance product, and, as defined in Title V of the federal Financial Services Modernization Act of 1999 as amended, or as defined by any other federal or state law, personally identifiable financial information (i) provided by a consumer to a financial institution; (ii) resulting from any transaction with the consumer or any service performed for the consumer; or (iii) otherwise obtained by the financial institution.

I understand that Value Line Funds or my advisor may contact the Trusted Contact Person(s) and disclose information about my account to address possible financial exploitation; to confirm the specifics of my current contact information or health status or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or as otherwise permitted by FINRA rules.

I understand that if an investment advisor is linked to my account(s), then my Trusted Contact Person(s) information will be made available to the investment advisor, and Value Line Funds may notify the investment advisor of our interactions with the Trusted Contact Person(s). I agree that Value Line Funds will not be responsible for, and cannot monitor, the investment advisor's use of the Trusted Contact Person(s) information.

<input type="text"/>	<input type="text"/>
Account Holder Signature	Date (mm/dd/yyyy)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Print First Name	Middle Initial	Last Name