



Mail completed form to:

Overnight Mail

Value Line Funds
801 Pennsylvania Ave, Suite 219729
Kansas City, MO 64105-1307

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	<input type="text"/>
<input type="text"/>	<input type="text"/>
Email Address	



2 Trusted Contact Person(s) Continued

Person 2

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.

Street Address Apartment or Suite

City State Zip Code

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 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.

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;

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).

Account Holder Signature Date (mm/dd/yyyy)

Print First Name Middle Initial Last Name