

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

POWER OF ATTORNEY (POA) FORM
INDEMNIFICATION AGREEMENT FOR POWER OF ATTORNEY REGISTRATION
FORM #106 12/2016

Shareholder's Name(s):

Account Registration:

Account Number(s):

Name of Fund or Trust(s):

Home Phone: (____) _____

I, _____ of _____

Do hereby make, constitute and appoint _____ whose address is

my true and lawful attorney or agent ("Agent") for me and in my name, place and stead:

(1) to transmit to the fund named above and its service company DST Asset Manager Solutions, an SS&C Company ("AMS"), either orally or in writing in accordance with procedures established by DST Asset Manager Solutions, an SS&C Company ("AMS") from time to time, instructions for the purchase, sale, exchange or transfer of shares with respect to any account(s) I may hold with the above named mutual fund(s);

(2) to make, draw, sign, endorse, negotiate, cash, deliver and make a stop payment of checks drawn on any of my accounts with said mutual funds; and

(3) to enter into all other lawful transactions with respect to any of my said mutual fund account(s).

I hereby agree to indemnify and hold the above named mutual fund(s) and its agents and custodian harmless from acting upon instructions, either oral or in writing, believed to have originated from said Agent and from any and all acts of said Agent with respect to the shares held in my account(s) with any of these mutual funds.

This authorization and indemnity is a continuing one and shall remain in full force and effect and shall be binding upon the undersigned's heirs, executors, successes, beneficiaries, or assigns until revoked by the undersigned by a written notice addressed to DST Asset Manager Solutions, an SS&C Company ("AMS") and delivered to its main office, such revocation shall not affect any liability in any way resulting from transactions initiated prior to DST Asset Manager Solutions, an SS&C Company ("AMS") acting on such revocation within a reasonable amount of time. In case of the death, disability or incompetence of the undersigned, this authorization shall continue and DST Asset Manager Solutions, an SS&C Company ("AMS") and the above named mutual funds(s) and its custodian shall not be responsible for any action taken on the basis of this authorization until DST Asset Manager Solutions, an SS&C Company ("AMS") has received written notice thereof addressed to DST Asset Manager Solutions, an SS&C Company ("AMS") and delivered to its main office.

The undersigned has read the forgoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto set my hand and seal the _____ day of _____, 20____

Signature of Shareholder/Grantor of Power of Attorney

STATE OF:
COUNTY OF S.S.:

On this _____ day of _____, 20____, before me personally appeared _____, to me personally known to be the individual described herein and who executed the foregoing instrument, and acknowledged that he executed the same.

Notary Public

My commission expires: _____

AFFIDAVIT OF ATTORNEY IN FACT

Name of Attorney-In-Fact:

STATE OF COUNTY OF S.S.:

Being duly sworn and deposed, I affirm that: _____ as principal, did, on this ____ day of _____, 20____, appoint me his true and lawful attorney by the foregoing instrument herby made a part hereof. I further certify, under penalty of perjury, that the information I have provided above is true and accurate.

Signature of Attorney-In-Fact

Sworn to before me this _____ day of _____, 20____

Notary Public

My commission expires: _____