



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"/> |
| 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"/> |
| Fund/Account Number  | Taxpayer ID Number/Social Security Number | Email Address        |

**2 Redemption Information**

**Please redeem:**  All of my account(s) listed below; **OR**  A portion of my accounts as detailed below.

|                      |                      |                      |                                |  |
|----------------------|----------------------|----------------------|--------------------------------|--|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>           | <input type="checkbox"/> \$ <input type="checkbox"/> % <input type="checkbox"/> Shares |
| Fund Name            | Fund #               | Account Number       | Amount (\$50 minimum per fund) | Type (check one)   |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>           | <input type="checkbox"/> \$ <input type="checkbox"/> % <input type="checkbox"/> Shares |
| Fund Name            | Fund #               | Account Number       | Amount (\$50 minimum per fund) | Type (check one)   |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>           | <input type="checkbox"/> \$ <input type="checkbox"/> % <input type="checkbox"/> Shares |
| Fund Name            | Fund #               | Account Number       | Amount (\$50 minimum per fund) | Type (check one)   |

**3 Payment Instructions** \*Medallion Signature Guarantee required for Special Payee or Alternate Bank**Send proceeds to the following:**

- Send check to Shareholder at the address of record
- Wire proceeds to bank of record (Additional fee may be incurred)
- Send proceeds to bank of record via direct deposit (ACH)
- Send check to special payee\*
- Send proceeds to alternate bank\* – listed below (ACH)

**SPECIAL PAYEE INFORMATION**

|                            |                      |                      |
|----------------------------|----------------------|----------------------|
| <input type="text"/>       | <input type="text"/> | <input type="text"/> |
| Special Payee's First Name | Middle Initial       | Last Name            |
| <input type="text"/>       |                      | <input type="text"/> |
| Street Address             |                      | Apartment or Suite   |
| <input type="text"/>       | <input type="text"/> | <input type="text"/> |
| City                       | State                | Zip Code             |

**ALTERNATE BANK INFORMATION (PLEASE PROVIDE VOIDED CHECK IF APPLICABLE)**

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name on Account      | Bank                 | ABA #                | Bank Acct #          |



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

Signature of Shareholder

Date (mm/dd/yyyy)

Signature of Joint Shareholder, if any

Date (mm/dd/yyyy)

**5 Medallion Signature Guarantee**

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.

Affix Medallion Guarantee Stamp Here

**Please Note: A signature guarantee is required**

- 1. For amounts over \$25,000.
- 2. If your address has changed within the last 30 days.
- 3. If you want the check mailed to an address other than the address of record.
- 4. If you want the proceeds sent to a bank account not on file.
- 5. If you are the beneficiary of the account and the account owner is deceased.\*

\* Other documentation may be required. Please contact a representative.