



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

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 \$50,000.
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.