



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

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 above \$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.