



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

This form is used to request a distribution from your IRA/Keogh/403(b)/Pension/Profit sharing plans.

*Note: This form is NOT to be used when requesting a transfer of assets to another retirement plan.
Be sure to fully complete all sections to ensure proper and speedy processing of your transactions.*

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"/>
Taxpayer ID Number/Social Security Number		Email Address

FUND INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
Fund Name	Fund Number	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Fund Name	Fund Number	Account Number

2 Type of Distribution

 Normal Distribution

Participant is over age 59½ (distributions must begin by April first of the year following attainment of age 70½). Normal distributions may use any of the distribution methods in Section II.

 Premature Distribution

Participant is under age 59½ and acknowledges tax consequences and penalties may apply. Premature distributions cannot use the systematic withdrawal plan (see Substantial Equal Periodic Payments for exception).

 Substantially Equal Periodic Payments

Participant is under age 59½ and elects to establish a systematic withdrawal plan to be paid out in installments. The participant can elect to have installments based on a life expectancy calculation using the Uniform, Single, or Joint life expectancy table published by the IRS. You should consult your tax advisor and/or understand the IRA payout regulations before making life expectancy distributions prior to age 59½.

 Rollover Distribution

Participant will be rolling the proceeds to an IRA or Qualified Plan within 60-days of the distribution. The check will be made payable to the shareholder. Distributions will be processed as "normal" if the participant is 59½ or older and "premature" if the participant is under age 59½.



2 Type of Distribution *Continued*

Disability

Participant is unable to engage in any substantial, gainful activity and condition is to be of a long, continued, and indefinite period. Proof of disability must accompany this form.

Excess Distribution

Remove \$ made for tax year.

Please check one: Issue check to participant.
 Remove excess monies in account and reapply as a current year contribution.

Death Distribution

Participant is deceased and named beneficiary is making the distribution. Please supply a certified copy of the death certificate, Medallion Signature Guaranteed letter of instructions signed by the beneficiary, a signed W-9 form, and state tax waiver, if applicable.

3 Method of Distribution *Select only one*

NOTE: All systematic redemptions/distributions are made on the 10th of each month.

I hereby direct the Custodian to make the following distributions:

Total Distribution/Account Termination

Partial Distribution

Specify Amount: \$

Systematic Withdrawal Payments

Specify Amount: \$

Specify frequency: Monthly Quarterly **Starting Month:**

Life Expectancy Distribution *Please select the appropriate Life Expectancy Distribution from the choices below*

Required Minimum Distribution – Payments will be based on the life expectancy multiple from the appropriate IRS life expectancy table.

- Uniform Life Expectancy – Used by all payees not eligible for Joint life expectancy.
- Joint Life Expectancy – Only available to shareholders whom have a spousal beneficiary who is 10 or more years younger.

Beneficiary's First Name Middle Initial Last Name

Beneficiary's Date of Birth (mm/dd/yyyy)

Specify frequency: Monthly Quarterly Semi-Annually Annually **Starting Month:**

Substantially Equal Periodic Payments – Payments will be based on the life expectancy multiple from the appropriate IRS life expectancy table. *Note: Please consult a tax advisor when determining which type of life expectancy to choose.*

- Uniform Life Expectancy
- Joint Life Expectancy
- Single Life Expectancy

Specify frequency: Monthly Quarterly Semi-Annually Annually **Starting Month:**



4 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 #

5 Taxes

Taxes will automatically be withheld from the above distribution at a rate of 10% unless you elect not to have taxes withheld or to have an amount greater than 10% withheld.

- DO NOT** withhold taxes Withhold an amount other than 10%
- Specify percentage %

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

<input type="text"/>	<input type="text"/>
Signature of Shareholder	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Signature of Joint Shareholder, if any	Date (mm/dd/yyyy)

7 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.