



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		Primary Phone
<input type="text"/>		<input type="text"/>
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 73). Normal distributions may use any of the distribution methods in Section 3.

☐ **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

FEDERAL WITHHOLDING

- ☐ I elect to withhold 10% for **federal taxes** *(If you live in a state that requires withholding of state income taxes, state withholding may apply)*
- ☐ I elect to withhold more or less than 10% for federal withholding and have completed the IRS Form W-4R. *(If you live in a state that requires withholding of state income taxes, state withholding may apply)*

STATE WITHHOLDING

- ☐ I elect to withhold the minimum for **state taxes** *(This option is only available if you live in a state that requires withholding of state income taxes)*
- ☐ I elect to withhold for **state taxes** - in addition to the mandatory state withholding amount which varies by state *(This option is only available if you live in a state that requires withholding of state income taxes)*

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.

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.*

Affix Medallion Guarantee Stamp Here

**Withholding Certificate for Nonperiodic Payments and
Eligible Rollover Distributions****Give Form W-4R to the payer of your retirement payments.**

OMB No. 1545-0074

2024

1a First name and middle initial	Last name	1b Social security number
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Address

City or town, state, and ZIP code

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2	Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	2	%
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**Sign
Here****Your signature** (This form is not valid unless you sign it.)**Date****General Instructions**

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.**Purpose of form.** Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.**2024 Marginal Rate Tables**

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
14,600	10%	29,200	10%	21,900	10%
26,200	12%	52,400	12%	38,450	12%
61,750	22%	123,500	22%	85,000	22%
115,125	24%	230,250	24%	122,400	24%
206,550	32%	413,100	32%	213,850	32%
258,325	35%	516,650	35%	265,600	35%
623,950*	37%	760,400	37%	631,250	37%

* If married filing separately, use \$380,200 instead for this 37% rate.

General Instructions (*continued*)

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don’t give Form W-4R to your payer, you don’t provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can’t honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can’t choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don’t give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Generally, distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate’s employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$62,000 without the payment. Step 1: Because your total income without the payment, \$62,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$82,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$43,700 without the payment. Step 1: Because your total income without the payment, \$43,700, is greater than \$26,200 but less than \$61,750, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$63,700, is

greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. The two rates differ. \$18,050 of the \$20,000 payment is in the lower bracket (\$61,750 less your total income of \$43,700 without the payment), and \$1,950 is in the higher bracket (\$20,000 less the \$18,050 that is in the lower bracket). Multiply \$18,050 by 12% to get \$2,166. Multiply \$1,950 by 22% to get \$429. The sum of these two amounts is \$2,595. This is the estimated tax on your payment. This amount corresponds to 13% of the \$20,000 payment (\$2,595 divided by \$20,000). Enter "13" on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s).

Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.