



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

**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 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

Form fields for Special Payee Information: First Name, Middle Initial, Last Name, Street Address, Apartment or Suite, City, State, Zip Code.

ALTERNATE BANK INFORMATION (PLEASE PROVIDE VOIDED CHECK IF APPLICABLE)

Form fields for Alternate Bank Information: Name on Account, Bank, ABA #, Bank Acct #.

5 Taxes

FEDERAL WITHHOLDING

- I elect to withhold 10% for federal taxes
I elect to withhold more or less than 10% for federal withholding and have completed the IRS Form W-4R.

STATE WITHHOLDING

- I elect to withhold the minimum for state taxes
I elect to withhold [ ] for state taxes - in addition to the mandatory state withholding amount which varies by state

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

Form fields for Signature of Shareholder(s): Signature of Shareholder, Date, Signature of Joint Shareholder, Date.

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.

Large empty box for Medallion Signature Guarantee stamp.

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