

Valu-Matic[®] Investment Program Application

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

Investing through the Valu-Matic Investment Program is convenient and easy. Follow these three easy steps to start your investment plan.

- 1. Complete and sign this application.
- 2. Enclose a voided blank check.
- 3. Submit a separate Valu-Matic Application for each fund account to which Valu-Matic will apply.

Please note: Valu-Matic cannot be used to make an initial investment.

Account Number

Please type or print clearly. Blue or black ink only. Registration Must be same as fund registration First Name Middle Initial Last Name Social Security Number/Taxpayer ID Number JOINT OWNERS INFORMATION First Name Middle Initial Last Name Social Security Number/Taxpayer ID Number Valu-Matic Automatic Bank Draft Plan NOTE: First draft cannot With this plan, money will be transferred by Automated Clearing House (ACH) from your bank account to your Fund account(s) on monthly basis. "Bank Account of Record" portion of this application must be completed. The automatic bank draft plan is subject to a \$25.00 minimum take place less than ten days after account is subsequent investment per Fund. established. My investment will begin in: and occur on/about Month Day Transfer funds from my bank account to my Fund account: Monthly Quarterly Account Number Fund Name Dollar Amount Transfer funds from my bank account to my Fund account: Monthly Quarterly \$ Account Number Fund Name Dollar Amount Transfer funds from my bank account to my Fund account: Monthly Quarterly \$

Fund Name

Dollar Amount



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3 Bank Account of Record

I authorize my bank (named below) to honor all ACH debit entries initiated by, and payable to, State Street Bank & Trust. My bank's rights in respect to each such entry shall be the same as if it were an entry drawn and signed by me. This authority shall remain until written revocation is received by my bank. I agree that the named bank shall be fully protected in honoring such an entry.

I also agree that if any such entry be dishonored, my bank shall be under no liability, regardless of whether such dishonor results in the forfeiture of the investment.

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		Checking Sav	vings Other		
Depositor's Bank	Bank Account Number	ank Account Number			
Bank Street Address	City	State	Zip Code		
Full Name of Registrant	Signature of Regi	strant			
Full Name of Joint Registrant, if any	Signature of Joint	: Registrant			

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

Please read the following information and sign below to indicate your agreement to the stated conditions.

- The charge to your bank will be made on or about the due date of each Program deposit.
- If you do not keep enough funds in your bank account to cover a charge, the Program may be canceled. You will be responsible for any
 loss incurred by the Fund or EULAV Securities LLC (ES) in connection with the insufficient funds. Please note that SS&C will notify you if
 there are insufficient funds for a deposit.
- You may cancel the Program, at any time, by written notice. Cancellations must be received at least five business days prior to a deposit date to take effect.
- ES may cancel the Program, at any time, upon written notification to you at least 30 days prior to a deposit date.
- This agreement does not change the terms of any other agreement you may have with ES or Value Line Funds.

I/We agree that State Street Bank & Trust (SSBT), Agent for SS&C, may debit my bank account as set forth in this application. SSBT can do this by ACH debit entry, internal debit or credit. I agree that SSBT can transfer those funds automatically into my fund account.

Signature of Individual	Date (mm/dd/yyyy)
Signature of Joint Registrant, 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 Madallian Cuarant	oo Stomp Horo		

Please Note: A signature guarantee is required

If you are adding or changing Bank Account of Record only.

Affix Medallion Guarantee Stamp Here