



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

**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.

Please type or print clearly. Blue or black ink only.

**1 Registration** *Must be same as fund registration*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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First Name

Middle Initial

Last Name

Social Security Number/Taxpayer ID Number

**JOINT OWNERS INFORMATION**

<input type="text"/>	<input type="text"/>	<input type="text"/>
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First Name

Middle Initial

Last Name

Social Security Number/Taxpayer ID Number

**2 Valu-Matic Automatic Bank Draft Plan**

NOTE: First draft cannot take place less than ten days after account is established.

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 subsequent investment per Fund.

My investment will begin in:  and occur on/about   
Month Day

Transfer funds from my bank account to my Fund account:  Monthly  Quarterly

<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
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Account Number

Fund Name

Dollar Amount

Transfer funds from my bank account to my Fund account:  Monthly  Quarterly

<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
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Account Number

Fund Name

Dollar Amount

Transfer funds from my bank account to my Fund account:  Monthly  Quarterly

<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
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Account Number

Fund Name

Dollar Amount



**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.

Checking  Savings  Other  
 Depositor's Bank Bank Account Number

Bank Street Address City State Zip Code

Full Name of Registrant Signature of Registrant

Full Name of Joint Registrant, if any Signature of Joint Registrant

**4 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 Medallion Guarantee Stamp Here

Please Note: A signature guarantee is required If you are adding or changing Bank Account of Record only.

As with all personal financial accounts, property may be transferred to the state if no activity occurs in your account within the time period specified by state law and we are unable to communicate with you about your account.