

Customer Information Form

Correspondence Number:  
Tracking Number:

Customer Full Name \_\_\_\_\_

Customer Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Customer Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Customer Residential Address  
(Street Address Required unless APO or FPO)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Customer Signature \_\_\_\_\_

I am not involved in any money laundering schemes, and the source of this investment is not derived from any criminal activities, the information provided on this form and documents submitted are true, correct and complete and are provided with the intent that they will be relied upon to verify my identity.

Should you have any question concerning the above information, please contact us at 1-800-243-2729. Please return this form along with your investment check and application to one of the following addresses:

Overnight Mail:  
Value Line Funds  
c/o BFDS  
330 W 9<sup>th</sup> Street  
Kansas City MO 64105-1514

Standard Mail:  
Value Line Funds  
PO Box 219729  
KCMO 64121-9729