# Value Line Funds
## Regular Account Application

VALUE LINE
*No-Load Mutual Funds*

Use this form to open a non-retirement account with the Value Line Funds. If you have a question about the application, call us at **1.800.243.2729.** For complete information about Value Line Funds and services, see the prospectus.

Mail completed form to: **Overnight:** Value Line Funds, c/o BFDS, 330 W 9th Street, 1st Floor, Kansas City, MO 64105 **Standard:** Value Line Funds, c/o BFDS, P.O Box 219729, Kansas City, MO 64121-9729

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

## 1 Account Information *(Select and complete only one account type)*

Please indicate the type of account you are opening.

☐ **Transfer on Death**

If you wish to have account assets transferred to named beneficiaries in the case of your death, or the death of both account owners if a joint account, complete a Transfer on Death Beneficiary Form and return it with your signed application. Form can be found at www.vlfunds.com

☐ **Individual or** ☐ **Joint Account**

Owner's First Name | Middle Initial | Last Name

Social Security Number | Date of Birth | ☐ U.S. Citizen ☐ Resident Alien: Citizenship Status | State of Residence

*For resident alien accounts, one of the following must be provided. If none of these items can be provided, a copy of a picture ID is required:*

Taxpayer ID | Resident Alien ID | Passport Number | Country of Passport Issuance

Joint Owner's First Name | Middle Initial | Last Name

Social Security Number | Date of Birth | ☐ U.S. Citizen ☐ Resident Alien: Citizenship Status | State of Residence

*For resident alien accounts, one of the following must be provided. If none of these items can be provided, a copy of a picture ID is required:*

Taxpayer ID | Resident Alien ID | Passport Number | Country of Passport Issuance

☐ **Uniform Gift or Transfer to Minor**

Minor's First Name | Middle Initial | Last Name

Minor's Social Security Number | Date of Birth | State of Residence | ☐ U.S. Citizen ☐ Resident Alien Minor's Citizenship Status

*For resident alien accounts, one of the following must be provided. If none of these items can be provided, a copy of a picture ID is required:*

Taxpayer ID | Resident Alien ID | Passport Number | Country of Passport Issuance

Custodian's First Name | Middle Initial | Last Name

Custodian's Social Security Number | Custodian's Date of Birth

☐ **Corporate, Trust or Estate**

☐ **Corporation** *(Attach copy of the certified articles of incorporation or business license of the corporation.)*

☐ **Trust** *(Attach copy of the first and last page of the trust agreement or certificate of incumbancy.)*

☐ **Partnership** *(Attach copy of the partnership agreement.)*

☐ **Estate or Other:**

Name of Corporation, Trust or Partnership

Social Security Number or Tax ID#

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### Corporate, Trust or Estate (Con't)

Check if exempt from verification due to:

☐ 1. Financial Institution regulated by a Federal functional regulator.
☐ 2. Bank regulated by a state bank regulator.
☐ 3. Publicly traded corporation. Symbol: ____
☐ 4. Retirement plan covered by ERISA.

Trustee/Executor's First Name | Middle Initial | Last Name

Trustee/Executor's SS# | Trustee/Executor's Date of Birth | If Trust, Date of Trust Agreement

Attach separate list for additional Authorized Traders including full name, social security number, and date of birth.

Authorized Trader's First Name | Middle Initial | Last Name

Trader's Social Security Number | Trader's Date of Birth

## 2 Address of Record

### Registrant Mailing Address *(APO and FPO address will be accepted)*

To ensure timely processing of your account, please provide your primary phone number and email.

Street Address (Line 1) | Apartment or Suite (Line 2)

City | State | Zip Code | Primary Phone

Email Address

*If registrant's mailing address is a post office box, a street address is also required by the USA Patriot Act.*

Street Address (Line 1) | Apartment or Suite (Line 2)

City | State | Zip Code

### Joint Registrant Mailing Address *(Required if different than Registrant Address above)*

Street Address (Line 1) | Apartment or Suite (Line 2)

City | State | Zip Code | Primary Phone

## 3 Consent for Electronic Delivery

Please help save the trees by consenting to electronic delivery.

Indicate if you would like to receive your statements and other important documents online (Corporate and Institutional accounts excluded). You will receive a notification to the email address provided in section 2 informing you that the documents are available for viewing on the Funds' Web site. You can change this election at any time.

*NOTE: Confidential account information will not be sent via email.*

Document Type for Electronic Delivery via email:

☐ Account Statements ☐ Confirmation Statements ☐ Fund Reports, Prospectus, and Proxies ☐ Tax Forms

or

☐ All of the above documents

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## 4 Broker/Dealer Information *(To be completed by broker/dealer only)*

Name of Broker/Dealer

Broker/Dealer Number

Branch Street Address (Line 1)

Suite or Office Number (Line 2)

City

State

Zip Code

Broker Branch Number

Registered Representative's First Name

Middle Initial

Last Name

Rep. Number

Primary Phone

## 5 Fund Selection

Please indicate the amount of your initial investment.

Refer to the fund prospectus(es), or visit www.vlfunds.com for information on minimum investment amounts.

| Fund Name | Fund Number | Symbol | Investment Amount |
|---|---|---|---|
| **Value Line Aggressive Income Trust*** | 31 | VAGIX | $ |
| **Value Line Asset Allocation Fund** | 17 | VLAAX | $ |
| **Value Line Convertible Fund*** | 04 | VALCX | $ |
| **Value Line Emerging Opportunities Fund** | 16 | VLEOX | $ |
| **Value Line Fund** | 05 | VLIFX | $ |
| **Value Line Income and Growth Fund** | 01 | VALIX | $ |
| **Value Line Larger Companies Fund** | 29 | VALLX | $ |
| **Value Line New York Tax Exempt Trust†*** | 08 | VLNYX | $ |
| **Value Line Premier Growth Fund** | 03 | VALSX | $ |
| **Value Line Tax Exempt Fund** | 44 | VLHYX | $ |
| **Value Line U.S. Government Money Market Fund*** | 02 | VLCXX | $ |
| **Value Line U.S. Government Securities Fund*** | 10 | VALBX | $ |
| **Total Amount Invested** | | | **$** |

* Check Writing and Telephone Redemption Privileges available.
† Available only to residents of New York, Connecticut, New Jersey and Florida.

### Method of Investment *(Check only one)*

☐ **By Check**
We accept personal and business checks with preprinted name and address made payable directly to Value Line Funds. We do not accept third-party checks, credit card convenience checks, bank account starter checks, cash or cash equivalents (including money orders, traveler's checks, cashier's checks or bearer bonds). All purchases must be in U.S. dollars.

☐ **By ACH Transfer**
Upon receipt of this application, we will initiate an electronic funds transfer from the account you indicate in section 5, Bank of Record.

☐ **By Wire Transfer**
Call us at 1.800.243.2729 for transfer instructions. You must also complete **"Bank Account of Record"** portion of this application.

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## 6 Optional Features

### Dividend and Capital Gain Distributions

All distributions will be automatically reinvested if no box is marked.

**Dividends:** ☐ Reinvest
☐ Cash, by check mailed to Address of Record
☐ Cash, by ACH to Bank Account of Record

**Capital Gains:** ☐ Reinvest
☐ Cash, by check mailed to Address of Record
☐ Cash, by ACH to Bank Account of Record

### Telephone Exchange Privilege and/or Telephone Redemption Privilege

Available only for Funds offering Telephone Redemption. See Section 5, Fund Selection.

Unless indicated below, I authorize the Transfer Agent to accept instructions from any person to exchange or redeem shares in my account(s) by telephone, in accordance with the procedures and conditions set forth in the current Prospectus.

☐ **I DO NOT** want the Telephone Exchange Privilege ☐ **I DO NOT** want the Telephone Redemption Privilege

Redemptions by telephone will be sent by check via U.S. Mail to the Address of Record, or sent to the Bank of Record, if **"Bank Account of Record"** portion of this application is completed with bank instructions. Neither the Fund nor the Transfer Agent will be liable for properly acting upon telephone instructions believed to be genuine.

### Bank Account of Record

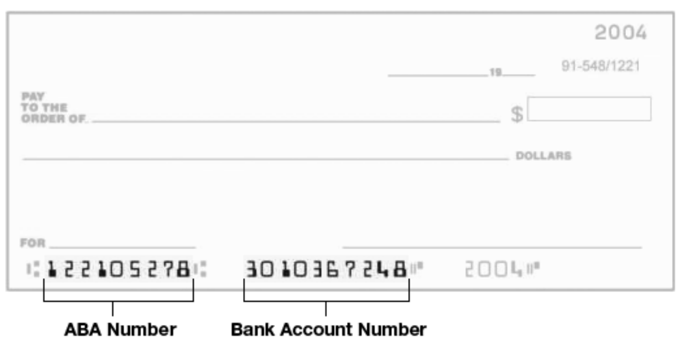
Checks must be preprinted; starter or counter checks will not be accepted.

Banking information will be taken from your purchase check unless a blank check or deposit slip is attached.

Be sure to complete this section if you…
- elected to send your investment by wire or ACH transfer (section 5)
- signed up for the Automatic Investing Plan and chose to have money moved by ACH transfer from your bank account (section 6)
- elected to have distributions deposited directly in your bank account (section 6)
- want the option of having redemption proceeds deposited directly in your bank account.

☐ **Checking**
☐ **Savings**

**PLEASE ATTACH VOIDED CHECK OR SAVINGS DEPOSIT SLIP.**




### 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 ACH from your bank account to your Fund account(s) on a monthly basis. **"Bank Account of Record"** portion of this application must be completed. The automatic bank draft plan is subject to a $50.00 minimum subsequent investment per Fund.

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

______________________________ $ ______________
Fund Name Dollar Amount
Transfer funds from my bank account to my Fund account: ☐ Monthly ☐ Quarterly

______________________________ $ ______________
Fund Name Dollar Amount
Transfer funds from my bank account to my Fund account: ☐ Monthly ☐ Quarterly

______________________________ $ ______________
Fund Name Dollar Amount
Transfer funds from my bank account to my Fund account: ☐ Monthly ☐ Quarterly

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## Systematic Withdrawal

Please redeem sufficient shares on the 10th day of the month or the following business day ($50.00 minimum). Quarterly withdrawals will be processed on the 10th day or the following business day of the month following the quarter end. (There is a minimum of $5,000 in the selected Fund to initiate this plan.)

If you decide to add the redemption options at a later date, you will need to obtain a medallion signature guarantee.

The electronic banking options in Section 5 normally become active 15 days after this form is processed.

If you are establishing automatic investments or systematic withdrawals and no start date is provided, it will begin as soon as the option is established in accordance with the instructions provided.

My withdrawal will be scheduled to begin in: ____________
Month

____________ $ ____________
Fund Name Dollar Amount

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

____________ $ ____________
Fund Name Dollar Amount

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

Check one: ☐ Send checks to the address of record
☐ Deposit proceeds into my bank account (***"Bank Account of Record"** section of this application must be completed)*
☐ Send checks to the following third party:

First Name | Middle Initial | Last Name

Street Address

City | State | Zip Code

Your Signature *(as on account)*

## Check Writing Privileges

Account Name *(must be the same as Shareholder Account Registration)*

If a joint account, both account owners must sign below. Only one signature is required when you write a check.

Authorized Signature(s)

Authorized Signature(s)

Check here if: ☐ Shareholder is a Trust, Corporation or other organization

In signing this signature card, you agree to be subject to the rules and regulations of the State Street Bank and Trust Company and the conditions printed in the Value Line prospectus. If a joint account, both account owners must sign below, however, only one signature is required when you write a check.

## 7 Investor Signature(s)

(a) By execution of this application, the investor represents and warrants that (I) the investor has the full right, power and authority to make the investment applied for and (II) that the investor is a natural person of legal age in the specified state of residence on this application and that all information on this application is true and correct. The investor certifies that the Taxpayer Identification Number and tax status set forth in the application is correct. The person or persons, if any, signing on behalf of the investor represent and warrant that they are duly authorized to sign this application and purchase or redeem shares of the Fund on behalf of the investor. Each person named in the registration must sign below.

(b) I have read the applicable prospectus(es) and this application and agree to all their terms. I also agree that any shares purchased now or later are and will be subject to the terms of the Fund's prospectus as in effect from time to time.

(c) If I am a U.S. citizen resident alien, or a representative of a U.S. entity, I certify, under penalty of perjury, that:
(1) The social security or Employer Identification Number shown on this form is my correct Taxpayer Identification Number,
(2) I am not a subject to backup withholding because:
- I am exempt from backup withholding OR,
- I have not been notified that I am a subject to backup withholding as a result of a failure to report all interest or dividend OR,
- The Internal Revenue Service has notified me that I am no longer subject to backup withholding.
  *(Strike out this item (2) if you have been notified that you are subject to backup withholding.)*

(3) I am a U.S. person (including a U.S. resident alien)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

### Important Notice - The USA Patriot Act

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What does this mean for you? When you open an account, we ask you for your name, address, date of birth and other information that will allow us to identify you. This information will be verified to ensure identity of all individuals opening a mutual fund account.

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

Required for application to be processed.

Signature of Shareholder, Custodian, or Trustee

Date

Signature of Joint Shareholder, if any

Date