

## INSTRUCTIONS FOR PROOF OF CLAIM FORM

In order for you to qualify to participate in the distribution described in the Distribution Plan Notice of SEC Fair Fund to Value Line Investors (the "Notice"), you must file this Proof of Claim Form and you must provide the required documentation to substantiate your claim; if you have difficulty in locating documentation to substantiate your claim or you are not sure what documents might be considered as adequate proof of positions, acquisitions, and sales, you may review the information on the website [ValueLineFairFund.com](http://ValueLineFairFund.com) or contact the Fund Administrator at 800-331-8573. You should review the Notice prior to completing this Proof of Claim Form.

### REQUIREMENTS FOR FILING A PROOF OF CLAIM FORM

Your claim will be considered for payment only upon compliance with all of the following conditions:

1. You must accurately complete all portions of the attached Proof of Claim Form.  
**NOTE:** The Proof of Claim Form contains several schedules. You must carefully complete each applicable section of the schedules. Do not omit any requested information regarding your positions, acquisitions, and sales (including any free receipts and/or free deliveries) for the eligible Value Line Funds. This information is necessary to determine your share of any distribution. If you cannot list all transactions in the spaces provided in the Proof of Claim Form, or if you believe that you must or should supply additional information with respect to any transaction, attach additional sheets to the Proof of Claim Form supplying the required information. Your name and taxpayer identification number (Social Security number or employer identification number) must be properly identified on each additional sheet of paper. **DO NOT INCLUDE INFORMATION FOR ANY VALUE LINE FUND WITHOUT A FUND NUMBER SPECIFICALLY LISTED BELOW; TRANSACTIONS FOR INELIGIBLE FUNDS WILL NOT BE PROCESSED.** Be sure to check the Fund Names carefully as some Value Line Funds had name changes during the Relevant Period.
2. You must **sign** the Proof of Claim Form.  
**NOTE:** If the applicable shares were or are owned jointly, all joint owners must sign the Proof of Claim Form. Executors, administrators, guardians, conservators, trustees, and attorneys-in-fact may complete and sign the Proof of Claim Form on behalf of persons or entities represented by them, but they must identify such persons or entities and provide proof of their authority (for example, currently effective letters testamentary, letters of administration, certification of trust, power of attorney) to complete and execute the Proof of Claim Form on their behalf and to bind them in accordance with the terms thereof. A Proof of Claim Form submitted by legal representatives of a Claimant must be executed by all such representatives.
3. You must attach to the Proof of Claim Form legible copies of quarterly statements from VLI, monthly brokerage statements, broker confirmation slips for purchases and/or sales, or other proof satisfactory to the Fund Administrator confirming the particulars of each position, acquisition, transfer, and/or sale of an eligible Value Line Fund made from January 1, 1986, through November 9, 2004. Please make sure that all supporting documentation states your account name. If you are filing on behalf of a deceased Claimant, please provide a copy of the death certificate and a will/probate documents or proof of joint ownership.
4. You must mail the completed and signed Proof of Claim Form and supporting documents by First-Class Mail, postage prepaid, postmarked no later than **July 18, 2011**, to:

VALUE LINE FAIR FUND  
FUND ADMINISTRATOR  
C/O A.B. DATA, LTD.  
PO BOX 170500  
MILWAUKEE, WI 53217-8042

**ANY PERSON WHO KNOWINGLY SUBMITS A FALSE PROOF OF CLAIM FORM IS SUBJECT TO PENALTIES FOR PERJURY AND OTHER VIOLATIONS OF FEDERAL LAW.**

Submission of this Proof of Claim Form, however, does not ensure that you will share in the distribution of the Net Distribution Fund.

5. See the Plan of Allocation included in Section III of the Notice (available for download on the website [ValueLineFairFund.com](http://ValueLineFairFund.com) for more information on how your claim will be calculated.

Must be postmarked no later than July 18, 2011

In the Matter of Value Line, Inc., et al.  
Administrative Proceeding File No. 3-13675  
**PROOF OF CLAIM FORM**

Please print or type



For Official Use Only

Last Name (Claimant)	_____	First Name (Claimant)	_____
Last Name (Beneficial Owner If Different From Claimant)	_____	First Name (Beneficial Owner)	_____
Last Name (Co-Beneficial Owner)	_____	First Name (Co-Beneficial Owner)	_____
Company/Other Entity (If Claimant Is Not an Individual)	_____		
Record Owner's Name (If Different From Beneficial Owner Listed Above, e.g., brokerage firm, bank, nominee, etc.)	_____		
Account Number (If Claimant Is Not an Individual)	_____	Trust/Other Date (If Applicable)	_____
Address Line 1	_____		
Address Line 2 (If Applicable)	_____		
City	_____	Zip Code	_____
Foreign Province	_____	Foreign Zip Code	_____
	_____	State	_____
	_____	Foreign Country	_____
<b>o Check Here to Use Alternate Address for Distribution</b>			
(Optional) Distribution Address	_____		
Distribution Address Line 1	_____		
Distribution Address Line 2 (If Applicable)	_____		
City	_____	Zip Code	_____
Foreign Province	_____	Foreign Zip Code	_____
	_____	State	_____
	_____	Foreign Country	_____

Telephone Number (Day) \_\_\_\_\_ Telephone Number (Night) \_\_\_\_\_  
 ( \_\_\_\_\_ ) \_\_\_\_\_  
 Beneficial Owner's Employer Identification Number or Social Security Number \_\_\_\_\_  
 \_\_\_\_\_  
 Email Address \_\_\_\_\_

**Legal representatives of Claimants must attach power of attorney or other instrument showing authority to act as legal representative.**

Check here if the Claimant or beneficial owner was an officer or director of VLI or VLS, during the Relevant Period from January 1, 1986 through November 9, 2004.

**SPECIAL INSTRUCTIONS**

Separately list each of your acquisitions, transfers, and sales of Value Line Funds during the Relevant Period. You may make copies of this schedule or attach additional lists of transactions in the same format as the schedules below if more space is needed. Be sure to include your name and Social Security number or employer identification number on all separate sheets.

For purposes of this schedule, you should list all transactions (including free receipts and/or free deliveries) during and beyond the Relevant Period as requested, from January 1, 1986, through November 9, 2004.

The date of acquisition and sale is the "trade" or "contract" date and not the "settlement" or "payment" date. The acquisition price is the price paid without regard to commissions or other expenses. The sale price is the price received without regard to commissions or other expenses.

Use the fund numbers below to identify your transactions in the schedules that follow by fund number. These fund numbers may also appear on your statements. For your convenience, the short-form names of each eligible Value Line Fund are included in parentheses after the full name of each eligible Value Line Fund. **Only Value Line Funds listed below are eligible.**

FUND NAMES	FUND NUMBERS
Value Line Fund, Inc. (VL Fund)	05
Value Line Income and Growth Fund, Inc. (Income)	01
Value Line Leveraged Growth Investors, Inc. / Value Line Larger Companies, Inc. (Larger CO's)	29
Value Line Centurion Fund, Inc. (Centurion)	43
Value Line Strategic Asset Management Trust, Inc. (SAM)	55
Value Line Small Cap Growth Fund, Inc. / Value Line Emerging Opportunities Fund, Inc. (Emerg Optty)	16
Value Line Asset Allocation Fund, Inc. (Asset Allocation)	17
Value Line U.S. Multinational Company Fund, Inc. (US Multinational)	18
Value Line Special Situations Fund, Inc. (Premier)	03

**OPENING POSITIONS**

Enter the number of shares held prior to the opening of trading on January 1, 1986, for each of the Value Line Funds listed below; if greater than zero (0), please provide documentation. Value Line Funds that were not available for purchase on January 1, 1986, have been set to zero (0) in the schedule below as it was not possible to have an opening position in those funds.

<b>OPENING POSITIONS IN VALUE LINE FUNDS:</b>		Number of Shares Held on January 1, 1986	Proof enclosed?
Value Line Fund, Inc. (VL Fund)			<input type="radio"/> Y <input type="radio"/> N
Value Line Income and Growth Fund, Inc. (Income)			<input type="radio"/> Y <input type="radio"/> N
Value Line Leveraged Growth Investors, Inc. / Value Line Larger Companies, Inc. (Larger CO's)			<input type="radio"/> Y <input type="radio"/> N
Value Line Centurion Fund, Inc. (Centurion)			<input type="radio"/> Y <input type="radio"/> N
Value Line Strategic Asset Management Trust, Inc. (SAM)			<input type="radio"/> Y <input type="radio"/> N
Value Line Small Cap Growth Fund, Inc. / Value Line Emerging Opportunities Fund, Inc. (Emerg Optpy)		<b>0</b>	<input type="radio"/> Y <input type="radio"/> N
Value Line Asset Allocation Fund, Inc. (Asset Allocation)		<b>0</b>	<input type="radio"/> Y <input type="radio"/> N
Value Line U.S. Multinational Company Fund, Inc. (US Multinational)		<b>0</b>	<input type="radio"/> Y <input type="radio"/> N
Value Line Special Situations Fund, Inc. (Premier)			<input type="radio"/> Y <input type="radio"/> N

**ACQUISITIONS**

<b>ACQUISITIONS OF SHARES IN VALUE LINE FUNDS:</b>		Number of shares acquired (include free receipts)	Proof of acquisition enclosed?
Fund Number *	Date(s) of acquisition List chronologically MM DD YYYY		If none, check here <input type="checkbox"/>
			<input type="radio"/> Y <input type="radio"/> N
			<input type="radio"/> Y <input type="radio"/> N
			<input type="radio"/> Y <input type="radio"/> N
			<input type="radio"/> Y <input type="radio"/> N

\*See the chart on Page 3 of this Proof of Claim Form for a list of fund numbers that correspond to the eligible fund names during the Relevant Period.



**SUBSTITUTE FORM W-9**

Employer Identification Number (for estates, trusts, corporations, etc.)

-							

Social Security Number (for individuals)

-							

Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> Limited Liability Company. Enter the tax classification C=C corporation, S=S corporation, P=partnership <input type="checkbox"/> Other _____	<input type="checkbox"/> C Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate	<input type="checkbox"/> Exempt payee
--	--	--------------------------------------	---------------------------------------	---------------------------------------

Enter U.S. taxpayer identification number (TIN) on appropriate line, if applicable. For individuals, this is your Social Security number (SSN). If you are not an individual or you are an individual who is an employer or who is engaged in a U.S. trade or business as a sole proprietor, you must enter an employer identification number (EIN). If you are a disregarded entity claiming treaty benefits as a hybrid entity, enter your EIN. If you are a non-United States citizen and have no SSN or EIN, please check "Not Applicable" below and review the instructions that follow.

Not Applicable

If you are a U.S. citizen or other U.S. person, you are subject to the Substitute Form W-9 certifications, which are set forth in Verifications 7, 8, and 9 below. Please see the definition of "U.S. person" at [www.irs.gov/pub/irs-pdf/fw9.pdf](http://www.irs.gov/pub/irs-pdf/fw9.pdf).

**In the event you are not a U.S. citizen or other U.S. person, please cross out Verifications 8, 9, and 10 and complete an appropriate Form W-8. The various options for Form W-8 are available for download at: [www.irs.gov/pub/irs-pdf/fw8ben.pdf](http://www.irs.gov/pub/irs-pdf/fw8ben.pdf) (most common), [www.irs.gov/pub/irs-pdf/fw8eci.pdf](http://www.irs.gov/pub/irs-pdf/fw8eci.pdf), [www.irs.gov/pub/irs-pdf/fw8exp.pdf](http://www.irs.gov/pub/irs-pdf/fw8exp.pdf), or [www.irs.gov/pub/irs-pdf/fw8imv.pdf](http://www.irs.gov/pub/irs-pdf/fw8imv.pdf). If you are not a U.S. citizen or other U.S. person, you must submit a completed Form W-8 along with this Proof of Claim Form or your claim will be deemed deficient, which may result in rejection of your claim.**

**VERIFICATION**

The undersigned represents and certifies UNDER PENALTY OF PERJURY that:

- I (We) am (are) not (a) a past or present director or officer of VLI or VLS or any of their past or present affiliates (or an assign, creditor, heir, distributee, spouse, parent, child, or controlled entity of such person or VLI or VLS) who served in such capacity on or after the commencement of the Relevant Period (January 1, 1986); (b) an employee of VLI or VLS or of any of its past or present affiliates who has been terminated for cause in connection with the violations alleged in this action or any related Commission action or who was otherwise terminated or has resigned in connection with the violations alleged in this action or any related Commission action (or any of such employee's affiliates, assigns, heirs, distributees, spouses, parents, children, or controlled entities); or (c) the Fund Administrator, its immediate family members, and those persons assisting it in its role as Fund Administrator, and its employees, and the Independent Outside Accounting Firm and its employees.
- If signing this Proof of Claim Form on behalf of a corporation, partnership, or other business entity, I (we) have the legal authority to act on its behalf and execute this Proof of Claim Form and have indicated my (our) authority to sign below and/or am (are) providing documentation of such authority if I am (we are) acting on behalf of a trust, estate, or under terms of an assignment of interest from the original shareholder.
- I (we) understand that the Fund Administrator may require additional information from me (us) in order to validate or pay my (our) claim, and I (we) agree to provide any information requested by the Fund Administrator for those purposes. If necessary, I (we) authorize the Fund Administrator to obtain and review any and all trading records relevant to my (our) transactions in Value Line Funds from any brokerage firm or other entity that has possession of such records and further consent to the release of such records by such brokerage firm or other entity to the Fund Administrator.
- I (we) agree that under no circumstances shall the Fund Administrator or its agents incur any liability to me (us) or to any other person if it makes a distribution in accordance with the list of all Eligible Claimants and their Approved Claims as approved by the Commission and that I am (we are) enjoined from taking any action in contravention of this provision.
- I (we) agree that upon receipt and acceptance by me (us) of a Distribution from the SEC Fair Fund, I (we) shall be deemed to have released all claims that I (we) may have against the Fund Administrator and its agents and shall be deemed enjoined from prosecuting or asserting any such claims.
- If I am (we are) a custodian, trustee, or professional investing on behalf of and representing more than one potentially Eligible Claimant in a pooled investment fund or entity, I (we) also attest that any distribution received will be allocated for the benefit of current or former pooled investors and not for the benefit of management.
- The number shown on this form is my (our) correct taxpayer identification number (either Social Security number or employer identification number).
- I (we) certify that I am (we are) United States citizen(s), resident(s), or entity(s).



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