

MH Elite Portfolio of Funds, Inc.

New Account Application

For help with this application, or to receive information on our IRA and other retirement accounts please call us at 1-800-318-7969.

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. To open your account we require your name, address, date of birth and other information that will allow us to identify you. Information provided as part of this application will be verified as required by the USA Patriot Act.

The Amount of the Investment

Minimum initial purchase is \$10,000.00, minimum subsequent purchase is \$1,000.00

\$ _____ **MH Elite Fund of Funds**

\$ _____ **MH Elite Small Cap Fund of Funds**

\$ _____ **MH Elite Select Portfolio of Funds**

Make check payable to: **MH Elite Portfolio of Funds, Inc**

Mail to: MH Elite Portfolio of Funds, Inc.
220 Russell Avenue.
Rahway, NJ 07065

Account Registration

Register shares in the name of:

1. Individual _____ - _____ - _____ / / /
Name Social Security Number Date of Birth

IRA - Delaware Charter Guarantee and Trust Company
TR FBO _____ IRA Tax Id 51-0099493
First Name Initial Last Name
(additional forms required to open a retirement account)

2. Joint Tenant _____ - _____ - _____ / / /
Name Social Security Number Date of Birth

3. Uniform Gift to Minors _____ - _____ - _____ / / /
Custodian's Name - only one Social Security Number Date of Birth

_____ - _____ - _____ / / /
Minor's Name Social Security Number Date of Birth

Under the _____ Uniform Gifts/Transfers to Minors Act
State of residence

4. Trust _____ / /
 Name of Trust Tax ID Number Date of Trust

Name of Trustee _____ - - / /
 Social Security Number Date of Birth

Name of Trustee _____ - - / /
 Social Security Number Date of Birth

5. Name of Organization _____ Tax ID # _____

Type of Organization: Corporation Association Partnership Other (Specify) _____

Authorized Individual _____ - - / /
 Social Security Number Date of Birth

Authorized Individual _____ - - / /
 Social Security Number Date of Birth

Mailing Address

_____ Home Phone (____) _____
 Street (If mailing address is a PO Box, street address is also required by USA Patriot Act) Area Code

_____ Business Phone (____) _____
 City State Zip Code Area Code

Citizenship U.S. Resident Alien Non Resident Alien (non resident aliens must include a copy of government issued photo ID and country of citizenship along with this application)

Distribution Options If not completed, Option A will be assigned

A. Reinvest all dividends and capital gains. B. Send my distributions in cash.

Signature Authorization

Please sign Application to avoid Backup Withholding, etc.. This order is subject to acceptance by the Fund. Receipt of the current prospectus is hereby acknowledged. The following is required by Federal tax laws to avoid 31% Backup Withholding: "By signing below, I certify under penalties of perjury that the Social Security or Tax Identification Number entered in account registration section is correct and that **I HAVE NOT** been notified by the IRS that I am subject to Backup Withholding unless I have checked the box below." If you **HAVE** been notified by the IRS that you **ARE** subject to Backup Withholding, check box

Signature _____ Date: _____
 Owner Trustee Custodian

Driver License – State _____ Number _____ Exp. Date: _____

Signature of Joint Owner (If Any) _____ Date: _____

Driver License – State _____ Number _____ Exp. Date: _____