

# MH Elite Portfolio of Funds Trust

## IRA Distribution Form

**Please Print Account Information:**

Name: \_\_\_\_\_ Investor/Account Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Distribution (Select One - payment will be mailed to the address of record.):**

\_\_\_\_ This is a one-time distribution in the amount of \$ \_\_\_\_\_

\_\_\_\_ This is a recurring partial distribution in the amount of \$ \_\_\_\_\_

Frequency of distribution: \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Annually

Start Date to Begin Distributions: \_\_\_\_\_

\_\_\_\_ This is a total distribution. For a total distribution specify number of shares to be liquidated.

**Distribution from:**

MH Elite Small Cap Fund of Funds \$ \_\_\_\_\_ or \_\_\_\_\_ Shares

MH Elite Fund of Funds \$ \_\_\_\_\_ or \_\_\_\_\_ Shares

MH Elite Select Portfolio of Funds \$ \_\_\_\_\_ or \_\_\_\_\_ Shares

MH Elite Income Fund of Funds \$ \_\_\_\_\_ or \_\_\_\_\_ Shares

**Reason for Distribution (Select One):**

\_\_\_\_ Normal Distribution (Age 59 1/2 or Older)

\_\_\_\_ Premature Distribution (Under age 59 1/2)

\_\_\_\_ Disability (Provide documentation)

\_\_\_\_ Death of IRA owner (Beneficiary of deceased completes form)

Beneficiary to complete IRA application and provide an original death certificate.

\_\_\_\_ Beneficiary IRA – Distribution from a Beneficiary IRA

\_\_\_\_ Excess Contribution – Remove excess contribution of \$ \_\_\_\_\_ made for the \_\_\_\_\_ tax year.

**Federal Tax Withholding (Select One):**

\_\_\_\_ Do Not withhold federal income tax \_\_\_\_\_ Withhold federal income taxes \_\_\_\_\_ % or \$ \_\_\_\_\_

**Payment will be mailed to the address of record**

**Signatures:**

I certify that I am the IRA owner, the beneficiary, or the individual legally authorized to complete this form. I certify the accuracy of the information set forth in this form, and I authorize this transaction. I understand that I am responsible for any consequences resulting from this distribution including taxes and penalties owed. I agree to indemnify and to hold the custodian harmless from any resulting liabilities. I acknowledge that the custodian cannot provide legal advice and I agree to consult with my own tax or legal professional for guidance.

\_\_\_\_\_  
Signature of IRA Owner/Beneficiary

\_\_\_\_\_  
Date

Medallion Signature Guarantee is required if distribution amount exceeds \$100,000.



**Return form to:**  
**MH Elite Portfolio of Funds Trust**  
**43 Highlander Drive**  
**Scotch Plains, New Jersey 07076**