

MH Elite Portfolio of Funds Trust

Send completed forms to:
 MH Elite Portfolio of Funds Trust
 43 Highlander Drive
 Scotch Plains, NJ 07076
Make check payable to:
 Huntington National Bank

For assistance in completing this application call 1-800-318-7969
 Please print or type

IRA APPLICATION

IRA Owner Information:

Name _____ Date of Birth _____ Account Number _____
 Soc Sec. No. _____ Address _____
 Daytime Phone _____ City _____ State _____ Zip Code _____
 Evening Phone _____ Driver License State _____ Number _____ Exp. Date _____
 US Citizen: Yes: ____ No: ____ Open to US Residents Only

Contribution Information:

Check Contribution Type	Amount	Tax Year	Allocate my contribution to:		
___ Regular/Spousal IRA	\$ _____	_____	MH Elite Small Cap Fund of Funds	\$ _____	or _____ %
___ Roth IRA	\$ _____	_____	MH Elite Fund of Funds	\$ _____	or _____ %
___ SEP IRA	\$ _____	_____	MH Elite Select Portfolio of Funds	\$ _____	or _____ %
___ Transfer from another IRA	\$ _____		MH Elite Income Fund of Funds	\$ _____	or _____ %
___ Rollover from IRA/QP/TSA	\$ _____				
___ Beneficiary IRA	\$ _____	Name of Deceased _____		Date of death _____	

Designation of Beneficiary

In the event of my death, pay my IRA balance to the following primary beneficiaries:

Name	SSN or TIN	Relationship	Date of Birth	Address	%*
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If all of the primary beneficiaries die before me, pay my IRA balance to the following contingent beneficiaries:

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*If no percentage rate is indicated, the beneficiaries will share equally.

*Percentage(s) must total 100% for primary and 100% for contingent beneficiaries.

Signatures and Certifications

I certify under the penalty of perjury that my social security number stated above is correct, that I am of legal age in my state of residence and I agree that the designation of the tax year for my contribution and my election to treat a contribution as a rollover (if applicable) are irrevocable. By signing this application, I hereby authorize and appoint Huntington National Bank to act as Custodian of my account. I indemnify Huntington National Bank when making distributions in accordance with my beneficiary designation on file or in accordance with the Custodial Account Agreement absent any such designation. I acknowledge that the IRA Disclosure Statement and IRA Custodial Account Agreement are incorporated in this application by reference, and I accept and agree to be bound by the terms and conditions contained in the IRA Custodial Account Agreement. I also certify that I have received and read the current Prospectus and understand that mutual fund shares are not obligations of or guaranteed by a bank, nor are they insured by the FDIC.

Huntington National Bank accepts this application and agrees to act as Custodian of the account. A confirmation will be sent to you regarding the above transaction(s) and will serve as notification of the Custodian's acceptance.

 IRA Owner's Signature Date