

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

Return form to:

MH Elite Portfolio of Funds Trust

43 Highlander Drive

Scotch Plains, New Jersey 07076