

MH Elite Portfolio of Funds Trust

Redemption Form for Non-IRA Accounts

Please print or type your name(s) as they appear on your confirmation statement.

Name/Owner

Name/Joint Owner

Check registration type:

___ Individual ___ Joint ___ Custodial ___ Trust ___ Corporation ___ Other _____

Address

City, State, Zip Code

Investor Number/Account Number

Social Security Number/Tax ID Number

Enter Redemption Amount in Dollars or Shares:

If this is a full redemption to close your account please initial here _____ and enter redemption amount in shares.

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

Payment Details:

___ 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: _____

Comments/Additional Instructions:

Authorization:

All registered shareholder(s) on the account must sign below.
Check will be mailed to address of record.

Signature

Date

Signature

Date

Return form to:

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