

# MH Elite Portfolio of Funds Trust

## IRA Withdrawal Form

### Please Print Account Information:

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

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

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

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

### Distribution (Select One):

Check will be mailed to the address of record.

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

This is a required minimum distribution in the amount of \$ \_\_\_\_\_

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.

Re-characterization – Date of Contribution \_\_\_\_\_

72(t) Distribution – series of substantially equal periodic payments for the later of 5 years or 59 1/2

Account owner assumes all responsibility for meeting the requirements of the 72(t) distribution.

### Federal Tax Withholding (Select One):

Do Not withhold federal income tax

Withhold federal income taxes \_\_\_\_\_ % or \$ \_\_\_\_\_

### 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

