

# MH Elite Portfolio of Funds Trust

## IRA Beneficiary Designation

### Customer Information:

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Name

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Address

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Phone Number

Account Number

Social Security Number

Use this form to notify MH Elite Portfolio of Funds Trust that you are adding, updating or removing beneficiary information. This would be for IRA accounts including: Traditional, Rollover, Roth, SEP, or Beneficiary IRAs. If you wish to designate different beneficiaries for other IRA accounts please contact us for any additional forms that may be required.

When making a Beneficiary change, you must change or confirm both your Primary and Contingent Beneficiary designations. Leaving a section blank constitutes an update and will delete any previous designations. You may assign different percentages to each Beneficiary. The percentages for primary beneficiaries must add up to 100%. The percentages for contingent beneficiaries must also add up to 100%.

Your Contingent Beneficiary is any one or more persons, trusts, or entities that you choose to receive your account assets if there are no surviving Primary Beneficiary(ies) at the time of your death.

### Designating your Beneficiary(ies)

I hereby designate the person(s) named as primary beneficiary(ies) to receive payment of the value of my IRA mutual fund account as indicated herein upon my death. If the beneficiary is my estate, I will indicate "Estate" in the primary beneficiary section. For trusts, I will include the trust address, and trustee(s) names on a separate piece of paper.

If more than one person is named and no percentages are indicated, payment shall be made in equal shares to my primary beneficiary(ies) who survives me. If a percentage is indicated and a primary beneficiary does not survive me, the percentage of that beneficiary's designated share shall be divided equally among the surviving primary beneficiary(ies) unless specified otherwise. If there is no primary beneficiary living at the time of my death, the balance is to be distributed to the contingent beneficiary(ies).

**Primary Beneficiary(ies) Information:           Check here for Per Stirpes Designation**

|                           |                           |                           |
|---------------------------|---------------------------|---------------------------|
| _____<br>Name             | _____<br>Name             | _____<br>Name             |
| _____<br>Relationship     | _____<br>Relationship     | _____<br>Relationship     |
| _____<br>Soc. Sec. Number | _____<br>Soc. Sec. Number | _____<br>Soc. Sec. Number |
| _____<br>Date of Birth    | _____<br>Date of Birth    | _____<br>Date of Birth    |
| _____<br>Percentage       | _____<br>Percentage       | _____<br>Percentage       |

**Contingent Beneficiary(ies) Information:           Check here for Per Stirpes Designation**

|                           |                           |                           |
|---------------------------|---------------------------|---------------------------|
| _____<br>Name             | _____<br>Name             | _____<br>Name             |
| _____<br>Relationship     | _____<br>Relationship     | _____<br>Relationship     |
| _____<br>Soc. Sec. Number | _____<br>Soc. Sec. Number | _____<br>Soc. Sec. Number |
| _____<br>Date of Birth    | _____<br>Date of Birth    | _____<br>Date of Birth    |
| _____<br>Percentage       | _____<br>Percentage       | _____<br>Percentage       |

Attach a separate sheet of paper with appropriate information if more space is needed and include your signature.

**Signature:**

I am aware that this form becomes effective when delivered to and accepted by MH Elite Portfolio of Funds Trust and will remain in effect until MH Elite Portfolio of Funds Trust receives and accepts another form with a later date. The beneficiary information provided herein shall apply to my mutual fund IRA account and shall replace all previous designation(s).

|                    |               |
|--------------------|---------------|
| _____<br>Signature | _____<br>Date |
|--------------------|---------------|

**Return form to:**

**MH Elite Portfolio of Funds Trust  
43 Highlander Dr. Scotch Plains New Jersey 07076**