The Elite Group -Individual Retirement Account (IRA) Application

1) Registration (please print - one name only)

First Name____________________________ Initial_______ Last Name______________________________ Social Security #____________________________________

Street____ City_______________________________ State________Zip Code___________________________

Date of Birth______/______/______Day Phone________________________Evening Phone________________________ Email_____________________________

2) Type of Account (check one)

☐ **Traditional IRA (please chose one of the following three options)**

☐ Contribution - Tax Year ________ ☐ Rollover ☐ Transfer of Assets

☐ **SEP IRA (SEP IRA's do not differentiate between tax year on this application)**

Employer Name ______________________________ Employer' Address____

☐ **Roth IRA (please chose one of the following six options)**

☐ Contribution - Tax Year ________ ☐ Rollover ☐ Transfer of Assets

☐ Conversion Rollover ☐ Direct Conversion ☐ Recharacterization

3) Contribution (minimum $1,000 for each fund)

The Elite Income Fund $______________or _______%

The Elite Growth & Income Fund $______________or _______%

Total $_________________________

Please make check payable to:
PFPC Trust Company

4) Primary and Secondary Beneficiaries

Primary Beneficiary(ies):

Name____ Relationship_____________________ Date of Birth______/______/______ Percent Share____________________

Address____

Name____ Relationship_____________________ Date of Birth______/______/______ Percent Share____________________

Address____

Secondary Beneficiary:

Name____ Relationship_____________________ Date of Birth______/______/______ Percent Share____________________

Address____

Name____ Relationship_____________________ Date of Birth______/______/______ Percent Share____________________

Address____

5) Spousal Consent

This section should be reviewed if either the trust or the residence of the IRA holder is located in a community of marital property state and the IRA holder is married. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisory. **The Spouse should sign if they are not the Primary Beneficiary and they understand the implications of giving up their right to this asset and have read the following paragraph.**

I am the spouse of the above named IRA holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this IRA, I have been advised to see a tax or legal professional. I hereby give the holder any interest I have in the funds or property deposited in the IRA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

Signature of Spouse_______________________________________ Date____

6) Signature - Telephone Authorization / Certification / IRA Eligibility

1. I understand the eligibility requirements for the type of IRA deposit I am making, and I state that I do qualify to make the deposit. I assume complete responsi for:

   A. Determining that I am eligible for an IRA each year I make a contribution.

   B. Ensuring that all contributions I make are within the limits set forth by the tax laws.

   C. The tax consequences of any contribution (including rollover contributions) and distributions.

2. The undersigned hereby acknowledges receipt of and has read the Custodial Agreement (5305-A Plan Agreement), Disclosure Statement and Prospectus. I understand that the terms and conditions that apply to this IRA account are contained in the Application and the 5305-A Plan Agreement. I agree to be bound by those terms and conditions.

3. This order is subject to acceptance by the Fund. Receipt of the current prospectus is hereby acknowledged. Under penalties of perjury, I certify that by signing this application: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. person (including a U.S. resident alien)☐

4. The undersigned appoints PFPC Trust Company (Bank) as Custodian, consents to Custodian's fees and terms of the Custodial Agreement, and authorizes the Bank, McCormick Capital Management, and PFPC Inc. to act upon instructions received by telephone and believed by them to be genuine. The Bank, McCormick Capital Management and PFPC Inc. will not be responsible for the authenticity of telephone instructions including fraudulent, or unauthorized telephone instructi
If you do not want telephone transfer and redemption priviledges check this box☐.

Signature____ Date____

7) Acceptance (To Be Completed By PFPC Trust Company)

Plan accepted by PFPC Trust Company:

Signature____ Date____

Mail completed application to:The Elite Funds, c/o PFPC Inc. Box 9787 Providence, RI. 02940