



2. MAILING AND CONTACT INFORMATION

LEGAL ADDRESS (Must be a street address)

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

Daytime Telephone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Evening Telephone \_\_\_\_\_

Please send mail to the address below. Please provide your primary legal address above, in addition to any mailing address (if different).

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

City, State, Zip \_\_\_\_\_

3. INITIAL INVESTMENT (The minimum initial investment in Investor Shares is \$2,500 and \$2,000,000 in Institutional Shares)

Leader Total Return Fund – Investor Shares \$ \_\_\_\_\_

Leader Total Return Fund – Institutional Shares \$ \_\_\_\_\_

Make check payable to the **Leader Total Return Fund**.

If investing by wire: Call 1-800-711-9164 and indicate the amount of the wire \$\_\_\_\_\_.

4. DIVIDEND AND CAPITAL GAIN DISTRIBUTIONS

All dividends and capital gains will be reinvested in shares of the Fund that pay them unless this box is checked.

Please pay all dividends and capital gains in cash.

5. TELEPHONE PRIVILEGES

Telephone privileges, as described in the prospectus, automatically apply unless this box is checked.

**No**, I do not want telephone privileges.

6. AUTOMATIC INVESTMENT PLAN (AIP)

AIP allows you to add regularly to the Fund by authorizing us to deduct money directly from your checking account every month. Your bank must be a member of the Automated Clearing House (ACH). If you choose this option, please complete **Section 8 and attach a voided check**.

Please transfer \$\_\_\_\_\_ (**\$100 minimum**) from my bank account in to:

Fund Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Fund Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Monthly  Quarterly on the \_\_\_\_\_ day of the month Beginning: \_\_\_/\_\_\_/\_\_\_

**Important Note:** If the AIP date falls on a holiday or weekend the deduction from your checking or savings account will occur on the next business day.

7. AUTOMATIC WITHDRAWAL PLAN (AWP)

**The Fund account must be valued at \$10,000 or more to establish Automatic Withdrawal Plan.**

As specified below, please withdraw from the Leader Total Return Fund account:

\$\_\_\_\_\_ exact dollars per period (**\$100 minimum**)

Send checks:  Monthly  Quarterly Beginning: \_\_\_/\_\_\_/\_\_\_

Send checks to:  Address of record  Bank of record (**See Section 8**)  Following payee

Name \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Evening Telephone \_\_\_\_\_



The undersigned represents and warrants that:

- I have full authority and am of legal age to purchase shares of the Fund;
- I have received and read a current prospectus for the Fund and agree to be bound by the terms contained therein; and
- The information contained on this New Account Application is complete and accurate.

If Fund shares are being purchased on behalf of an Investment Company (as that term is defined under the Investment Company Act of 1940), I hereby certify that said Investment Company will limit its ownership to 3% or less of the Funds outstanding shares.

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Signature of owner (or custodian)

Date

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Signature of joint owner (or corporate officer, partner or other)

Date

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Trustee (if applicable)

Date

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**TO CONTACT US:**

**By Telephone**

Toll-free 1-800-711-9164

**In Writing**

**LEADER TOTAL RETURN FUND**

c/o Gemini Fund Services, LLC  
4020 South 147<sup>th</sup> St., Suite 2  
Omaha, NE 68137

**Internet**

[www.Leadercapital.com](http://www.Leadercapital.com)