



NEW ACCOUNT APPLICATION

Class I Shares

Do not use this form for IRA accounts.

Please print clearly in CAPITAL LETTERS

To establish an account in Class I Shares, the minimum initial investment is \$2,000,000.

If you have any questions or need any help filling out the application, please call 1-800-711-9164, Monday through Friday, 8:30 a.m. to 6:00 p.m. eastern time.

After you have completed and signed this application, Please mail to:

LEADER SHORT-TERM BOND FUND
c/o Gemini Fund Services, LLC
4020 South 147th St., Suite 2
Omaha, NE 68137

Distributed by Foreside Distribution Services, L.P.
www.LeaderCapital.com

1. ACCOUNT OWNERSHIP

Please provide complete information for EITHER A, B, C or D:

A. INDIVIDUAL OR JOINT *(Please check one):*

Individual Joint Account* *Tenants with Rights of Survivorship will be assumed, unless otherwise specified.

_____	_____	____/____/____
Name	Social Security #	Birth Date
_____	_____	____/____/____
Joint Owner	Social Security #	Birth Date

Email

Citizenship U.S. or Resident Alien Other *(please specify)* _____

B. UNIFORM GIFTS TO MINORS ACCOUNT (UGMA) OR UNIFORM TRANSFERS TO MINORS ACCOUNT (UTMA)

_____	_____
Custodian's Name	Email
_____	____/____/____
Minor's Name	Minor's Social Security Number
_____	Minor's Date of Birth

Minor's State of Residence	

C. TRUST

_____	_____	_____
Name of Trust	Tax ID Number	Email
_____	_____	_____
Trustee(s) Name	Co Trustee Name	Date of Trust Agreement

Include a copy of the title page, authorized individual page and signature page of the Trust Agreement. Failure to provide this documentation may result in a delay in processing your application.

D. CORPORATIONS OR OTHER ENTITIES

Corporation Partnership Other *(please specify)* _____

_____	_____	_____
Name of Corporation or Other Business Entity	Tax ID Number	Email
_____	_____	_____
Authorized Individual	Co Authorized Individual	

Include a copy of one of the following documents: registered articles of corporation, government-issued business license, partnership papers, plan documents or other official documentation that verifies the entity and lists the authorized individuals. Failure to provide this documentation may result in a delay in processing your application.

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 (\$2,000,000 minimum initial investment)

Leader Short-Term Bond Fund – Institutional Class \$ _____

Make check payable to the **Leader Short-Term Bond 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. SYSTEMATIC WITHDRAWAL PLAN (SWP)

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

As specified below, please withdraw from the Leader Short-Term Bond 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 Leader Short-Term Bond 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.

Signature of owner (or custodian)

Date

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

Date

Trustee (if applicable)

Date

TO CONTACT US:

By Telephone

Toll-free 1-800-711-9164

In Writing

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Internet

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