INFORMAL TRUST OR NOMINEE ACCOUNT AGREEMENT

TO: Leede Financial Inc. ("Leede")

Name of Account ITF **Account #** _____

Date of Birth - Minor _____ **RR#** _____

In consideration of Leede Financial Inc. ("Leede") opening, or if opened, continuing an account in the name noted above, ("the nominee"), I agree that the account and all transactions between us shall be governed by the following terms:

1. My liability to you under this account shall be as the beneficial owner of the account and not as a trustee.
2. Leede has no responsibility to observe the terms of any trust, whether written, verbal, or implied, or constructive that may exist between the undersigned and the nominee.
3. I agree to indemnify Leede against any loss, claim, damages, liability, and expenses arising from instruction given by me including any legal costs if the nominee should make any claims against Leede.
4. I agree Leede shall receive instruction only from me to operate the account including:
   a) to receive instructions for the account including the address for receipt of confirmations, statements, and other communications from RPS;
   b) to deposit with Leede any securities or monies;
   c) to request payments or securities from the account to be made or delivered to me personally, or to my order, and to give a receipt for the same;
   d) to receive and acquiesce in the correctness of any and all notices of transactions, statements of account and other records and documents;
   e) to settle, compromise, adjust, and give release with respect to any and all claims, demands, disputes or controversies; and
   f) to receive requests and demands for payments or securities due, notices of intention to sell or purchase and other notices of demand.
5. This agreement is binding on Leede's successors and assigns, myself and the nominee and our heirs, executors, administrators or legal representatives, in the event of my death, bankruptcy, or mental incompetence. This agreement shall continue to govern the account in the event of death, bankruptcy, or mental incompetence of the nominee.
6. I acknowledge that I have read and understand all of the provisions contained in this agreement and that I have received a copy of this agreement.

DATED AT _____ **THIS** _____ **DAY OF** _____ **20**_____

_____ _____

WITNESS SIGNATURE CLIENT SIGNATURE
(AFFIX CORPORATE SEAL IF APPLICABLE)

_____

WITNESS NAME *(PLEASE PRINT)*