



EMAIL AUTHORIZATION FOR CONFIRMATIONS AND STATEMENTS

Entity Name: _____

Address: _____, IL _____
Street Address City Zip

Any one of your Fund account numbers: _____

Name of Authorized Signer: _____
(please print)

Signature of Authorized Signer: _____

Email Address: _____

- I request that I receive my confirmations and monthly account statements by **Email only***
- Please send me more information on the **PMAGPS Online Account Manager!***

Please fax or mail this completed form to us at

Illinois Metropolitan Investment Fund (IMET)
Attn: Laura Allen
1220 Oak Brook Road
Oak Brook, IL 60523
Fax: (630) 571-0484

All confirmations and account statements will be sent via regular mail unless noted otherwise by checking the appropriate boxes above.