



IMET AUTHORIZATION TO DELIVER STATEMENTS AND CONFIRMATIONS VIA EDELIVERY

Name of Government Entity

Address: Street

City

Zip code

Phone

IMET Main Account #

List **all** sub-accounts to be included.

Name of User to Receive Emails (**PRINT**)

Email address of User (**REQUIRED**)

By Completing and submitting this form to IMET, I elect to receive delivery of any transaction confirmation and monthly IMET account statements by receiving an email notification informing me that a transaction confirmation and/or monthly account statement is available for viewing/downloading on the online system available to IMET participants. I understand that by electing this option, I will not receive any confirmations or account statements by U.S. mail delivery.

Signature of Authorized Signer

Date

PRINT First and Last Name

Submit completed form to IMET at execdir@investIMET.com

Signature

PRINT First and Last Name

Phone number

Email address