

# IMET DESIGNATION OF AUTHORIZED SIGNERS



Illinois Metropolitan Investment Fund

EFFECTIVE DATE	FEDERAL TAX ID NUMBER
ACCOUNT NUMBER(S)	
NAME OF ENTITY AND TITLE OF ACCOUNT	

## AUTHORIZED SIGNERS

The following named persons are currently officers or other authorized signatories of the participant, and any one of them ("Authorized Person(s)") is/are currently authorized to act with full power to invest or redeem investments in IMET for the participant and to execute and deliver any instrument necessary to effectuate the authority hereby conferred:

PRINT FIRST AND LAST NAME	SIGNATURE	TITLE	PHONE NUMBER
PRINT FIRST AND LAST NAME	SIGNATURE	TITLE	PHONE NUMBER
PRINT FIRST AND LAST NAME	SIGNATURE	TITLE	PHONE NUMBER
PRINT FIRST AND LAST NAME	SIGNATURE	TITLE	PHONE NUMBER

Service Providers may, without inquiry, act only upon the instruction of ANY PERSON(S) purporting to be (an) Authorized Person(s) as named in the Certification form last received by Service Providers. Service Providers shall not be liable for any claims expenses (including legal fees), or losses resulting from Service Providers having acted upon any instruction reasonably believed genuine.

## ONLINE ACCESS

New online users will receive an email with a secure password and instructions on how to log in. Please note: only authorized signers can have full access to online accounts. Additional users who are not authorized signers may be granted view-only access to accounts.

PRINT FIRST AND LAST NAME	EMAIL ADDRESS	<input type="checkbox"/> FULL ACCESS <input type="checkbox"/> VIEW ONLY
PRINT FIRST AND LAST NAME	EMAIL ADDRESS	<input type="checkbox"/> FULL ACCESS <input type="checkbox"/> VIEW ONLY
PRINT FIRST AND LAST NAME	EMAIL ADDRESS	<input type="checkbox"/> FULL ACCESS <input type="checkbox"/> VIEW ONLY
PRINT FIRST AND LAST NAME	EMAIL ADDRESS	<input type="checkbox"/> FULL ACCESS <input type="checkbox"/> VIEW ONLY

By signing this document, I understand that this is the current and most up-to-date list of all authorized signers. This form will replace any previous documentation received regarding authorized signers for your IMET accounts.

NAME OF CERTIFYING OFFICER OF SUBDIVISION (MAY BE ONE OF THE AUTHORIZED SIGNERS LISTED ABOVE)	
AUTHORIZED SIGNATURE	TITLE

**NOTE:** Retain a copy of this document for your records. The document is in full force and effect until another duly executed form is received by Public Funds Administrators. If updating the authorized signers on an existing account, and there is not a current signer remaining as authorized, a resolution or evidence of authority will be required.

Please submit the completed form via email or mail to:

Email: [IMETRequests@imetfunds.com](mailto:IMETRequests@imetfunds.com)

Mail: IMET, PO Box 7177, Dublin, OH 43017

Please call IMET Client Services at [888.288.IMET \(4638\)](tel:888.288.IMET) with questions regarding this form.