

IMET AUTHORIZATION TO DELIVER STATEMENTS AND CONFIRMATIONS VIA EDELIVERY



Illinois Metropolitan Investment Fund

NAME OF GOVERNMENT ENTITY	
STREET ADDRESS	CITY, STATE, ZIP CODE
PHONE NUMBER	
IMET MAIN ACCOUNT NUMBER	
LIST ALL SUB-ACCOUNTS TO BE INCLUDED	

PRINT NAME OF USER TO RECEIVE EMAILS	EMAIL ADDRESS OF USER (REQUIRED)
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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	
PRINT FIRST AND LAST NAME	DATE

SUBMIT COMPLETED FORM TO IMET AT IMETREQUESTS@IMETFUNDS.COM

SIGNATURE	PRINT FIRST AND LAST NAME
PHONE NUMBER	EMAIL ADDRESS