IMET AUTHORIZATION TO DELIVER STATEMENTS AND CONFIRMATIONS VIA EDELIVERY



NAME OF GOVERNMENT ENTITY	
STREET ADDRESS	CITY, STATE, ZIP CODE
IMET MAIN ACCOUNT NUMBER	
LIST ALL SUB-ACCOUNTS TO BE INCLUDED	
account statements by receiving an email notification	ct to receive delivery of any transaction confirmation and monthly IMET nforming me that a transaction confirmation and/or monthly account statement tem available to IMET participants. I understand that by electing this option, nts by U.S. mail delivery.
SIGNATURE OF AUTHORIZED SIGNER	
PRINT FIRST AND LAST NAME	DATE

SUBMIT COMPLETED FORM TO IMET AT IMETREQUESTS@IMETFUNDS.COM