

Illinois Metropolitan Investment Fund



IMET NEW ACCOUNT APPLICATION FORM

UPDATE TO EXISTING ACCOUNT

fees) for acting upon any instructions or inquiries believed genuine.

receive a notification email when statements are available for online viewing.

NEW ACCOUNT NAME OF ENTITY

SIGNATURE

PRINT FIRST AND LAST NAME



Use this form to open a new account or to amend an existing account. For additional information or help with this application, call IMET at 1.888.288.IMET (4638) return the completed and signed application to IMET at IMETRequests@imetfunds.com.

Your application must be accompanied by evidence of authority to participate in IMET in the form of an ordinance or resolution approving the IMET third amended and restated declaration of trust, or an adopted investment policy that authorizes investment in IMET.

FEDERAL TAX ID NUMBER

ACCOUNT TITLE (E.G., GENERAL FUND)	ATTENTION TO:		
STREET ADDRESS	PHONE NUMBER		
CITY, STATE, ZIP CODE	EMAIL ADDRESS		
INVESTMENT INSTRUCTIONS			
After this account application has been approved and processed provided upon request.	d by IMET, instructions to deposit funds into the account will be		
BANK INFORMATION			
WIRE ACH BOTH			
BANK NAME	BANK ACCOUNT NUMBER		
BANK ADDRESS	BANK ABA/ROUTING NUMBER		
BANK CITY, STATE, ZIP CODE	FOR FURTHER CREDIT (FFC) OR FOR THE BENEFIT OF (FBO) (Available for wire transactions only.)		
Note: Routing/ABA numbers may vary depending on transaction	n type. Please verify information with your bank prior to submitting.		
INVESTMENT AUTHORIZATION			
By signing this new account application form, the undersigned:			
1. Represents and warrants that he/she has the power and auth application;	ority to make the investment(s) applied for pursuant to this		

2. Agrees that the Illinois Metropolitan Investment Fund, its investment advisor, administrator and custodian, and any of their

subsidiaries, and the respective officers, directors, trustees, employees and agents of each of the foregoing shall be indemnified and held harmless by the undersigned from and against any loss, damage, expense or cost (including but not limited to attorney's

3. Agrees to receive transaction confirmations and monthly account statements in electronic format only. Users with online access will

TITLE

DATE

IMET DESIGNATION OF AUTHORIZED SIGNERS



EFFECTIVE DATE			FEDERAL TAX ID NUMBER			
ACCOUNT NUMBER(S)						
NAME OF ENTITY AND TITLE OF AC	CCOUNT					
AUTHORIZED SIGNERS	<u> </u>					
The following named persons ("Authorized Person(s)") is/are and to execute and deliver ar	e currently authorized	d to act with full p	ower to invest or	redeem investments in	one of them MET for the participan	
PRINT FIRST AND LAST NAME	SIGNATURE		TITLE	PHONE	PHONE NUMBER	
PRINT FIRST AND LAST NAME	SIGNATURE	SIGNATURE		PHONE	PHONE NUMBER	
PRINT FIRST AND LAST NAME	SIGNATURE	SIGNATURE		PHONE	PHONE NUMBER	
PRINT FIRST AND LAST NAME	SIGNATURE		TITLE	PHONE	PHONE NUMBER	
Service Providers may, withous named in the Certification (including legal fees), or losse ONLINE ACCESS New online users will receive	form last received by es resulting from Serv	y Service Provider vice Providers hav	s. Service Provide ing acted upon ar	rs shall not be liable for ny instruction reasonably	any claims expenses believed genuine.	
can have full access to online PRINT FIRST AND LAST NAME			ot authorized sign			
					VIEW ONLY	
PRINT FIRST AND LAST NAME		EMAIL ADDRES	EMAIL ADDRESS		FULL ACCESS VIEW ONLY	
PRINT FIRST AND LAST NAME		EMAIL ADDRES	EMAIL ADDRESS		FULL ACCESS VIEW ONLY	
	PRINT FIRST AND LAST NAME		EMAIL ADDRESS			

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

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

Please call IMET Client Services at 888.288.IMET (4638) with questions regarding this form.

TAX PAYER CERTIFICATION



SUBJECT TO BACKUP WITHHOLDINGS? YES NO

Under the penalties of perjury, I (we) certify:

TAXPAYER ID NUMBER

SIGNATURE(S)

That the Social Security Number(s) or Taxpayer Identification Number(s) shown below on this form is (are) my (our) correct Taxpayer Identification Number(s), and that I (we) am (are) not subject to backup withholdings either because I (we) have not been notified that I (we) am (are) subject to backup withholdings as a result of a failure to report all dividends, or the Internal Revenue Service has notified me (us) that I (we) am (are) no longer subject to backup withholdings. Failure by non-exempt taxpayers to furnish the correct Taxpayer Identification Number will result in withholding of 20% of all taxable dividends paid to your account and/or withholding on certain other payments to you (this referred to as "backup").

Each of the undersigned has had an opportunity to review IMET'S information package, and IMET's Third Amended and Restated

Declaration of Trust before signing this application; Each of the undersigned further warrants that he/she has the authority and porto participate in IMET and agrees to be bound by IMET's Third Second Amended and Restated Declaration of Trust. Investments in IMET are subject to the terms of these documents.						
Principal value and yield of investments in IMET may fluctuate. Investments in IMET are subject to risk and a participant may experience a gain or loss upon redemption. Neither principal value nor yield are guaranteed.						
SIGNATURE						
PRINT FIRST AND LAST NAME	TITLE					
SIGNATURE						
PRINT FIRST AND LAST NAME	TITLE					
SIGNATURE						
PRINT FIRST AND LAST NAME	TITLE					

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IMET ONLINE PORTAL

IMETREQUESTS@IMETFUNDS.COM

