





IMET NEW ACCOUNT APPLICATION FORM

UPDATE TO EXISTING ACCOUNT

NEW ACCOUNT

ACCOUNT TITLE (E.G., GENERAL FUND)

NAME OF ENTITY

STREET ADDRESS



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 fourth amended and restated declaration of trust, or an adopted investment policy that authorizes investment in IMET.

FEDERAL TAX ID NUMBER

ATTENTION TO:

PHONE NUMBER

CITY, STATE, ZIP CODE	EMAIL ADDRESS
INVESTMENT INSTRUCTIONS After this account application has been approved and processed by provided upon request.	by IMET, instructions to deposit funds into the account will be
BANK INFORMATION	
WIRE ACH BOTH	
BANK NAME	
BANK ACCOUNT 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 t	ype. Please verify information with your bank prior to submitting.
INVESTMENT AUTHORIZATION	
By signing this new account application form, the undersigned:	
 Represents and warrants that he/she has the power and author application; 	ity to make the investment(s) applied for pursuant to this
	ployees and agents of each of the foregoing shall be indemnified ss, damage, expense or cost (including but not limited to attorney's
3. Agrees to receive transaction confirmations and monthly accouraceive a notification email when statements are available for or	nt statements in electronic format only. Users with online access wil nline viewing.
SIGNATURE	TITLE
PRINT FIRST AND LAST NAME	DATE

IMET DESIGNATION OF AUTHORIZED SIGNERS



EFFECTIVE DATE		FEDERAL TAX II	FEDERAL TAX ID NUMBER		
ACCOUNT NUMBER(S)					
NAME OF ENTITY AND TITLE OF AC	CCOUNT				
AUTHORIZED SIGNERS	<u> </u>				
("Authorized Person(s)") is/are	e currently authorize		es of the participant, and any one st or redeem investments in IMET hereby conferred:		
PRINT FIRST AND LAST NAME	SIGNATURE	TITLE	PHONE NUM	BER	
PRINT FIRST AND LAST NAME	SIGNATURE	TITLE	PHONE NUMI	PHONE NUMBER	
PRINT FIRST AND LAST NAME	SIGNATURE	TITLE	PHONE NUMI	PHONE NUMBER	
PRINT FIRST AND LAST NAME	SIGNATURE	TITLE	PHONE NUMI	PHONE NUMBER	
as named in the Certification (including legal fees), or losse ONLINE ACCESS New online users will receive	form last received be resulting from Ser an email with a secu	y Service Providers. Service Providers having acted upout vice Providers having acted upout ure password and instructions o	SON(S) purporting to be (an) Autoviders shall not be liable for any on any instruction reasonably belon how to log in. Please note: only signers may be granted view-on	claims expenses ieved genuine. y authorized signers	
PRINT FIRST AND LAST NAME		EMAIL ADDRESS		FULL ACCESS VIEW ONLY	
PRINT FIRST AND LAST NAME		EMAIL ADDRESS		FULL ACCESS VIEW ONLY	
PRINT FIRST AND LAST NAME		EMAIL ADDRESS		FULL ACCESS VIEW ONLY	
				VIEW OIVE	

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

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").

Declaration of Trust before signing this applica	ity to review IMET'S information package, and IMET's Fourth Amended and Restated stion; Each of the undersigned further warrants that he/she has the authority and power I by IMET's Fourth Amended and Restated Declaration of Trust. Investments in IMET at				
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				

1.888.288.IMET (4638)

IMET ONLINE PORTAL

IMETREQUESTS@IMETFUNDS.COM

