

Oak Brook, IL 60523

## AUTHORIZATION to Deliver Statements and Confirmations via eDelivery

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Address:			
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IMET Main A	Account #:		
Include Sub-	Accounts:	(If all, please write ALL)	
Name of User	to Receive Emails:	Please Print	_
Email Addres	ss — User (Required):		
Email Addres	33 Oser (Required).	Please Print Clearly	_
monthly IMET and/or month	Γaccount statements k nly statement is availal	form to IMET, I elect to receive delivery if any trans by receiving an email notification informing me that a fole for viewing/download on the online system availa ion, I will not receive any confirmations or statement	a transaction confirmation able to IMET participants. I
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