

# IMET NEW ACCOUNT APPLICATION FORM



**IMET**  
ILLINOIS METROPOLITAN  
INVESTMENT FUND

**INSTRUCTIONS:** Complete this application to open a new account with the Illinois Metropolitan Investment Fund (IMET). This application must be submitted along with evidence of authority to participant in IMET in order to be accepted and processed. Please submit the completed application and additional documentation to IMET at [IMETRequests@imetfunds.com](mailto:IMETRequests@imetfunds.com) for processing. For additional information or for assistance with the application, call IMET at 888.288.IMET (4638).

## INVESTMENT REGISTRATION INFORMATION

NAME OF ENTITY	
ACCOUNT TITLE (E.G., GENERAL FUND)	ATTENTION TO:
STREET ADDRESS	PHONE NUMBER
CITY, STATE, ZIP CODE	EMAIL ADDRESS

## TAXPAYER CERTIFICATION

**NOTE:** Failure by non-exempt taxpayers to furnish the correct taxpayer identification number will result in the current IRS backup withholding rate of taxable dividends, capital gains, and proceeds of redemptions and exchanges to be imposed under federal tax regulations.

FEDERAL TAX ID NUMBER
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SUBJECT TO BACKUP WITHHOLDINGS?    YES    NO

## BANK PAYEE INFORMATION

PLEASE SELECT:    WIRE    ACH    BOTH

**NOTE:** Routing/ABA numbers may vary depending on transaction type. Please verify information with your bank prior to submitting.

BANK ACCOUNT TYPE (SELECT ONE):    CHECKING    SAVINGS

BANK NAME	
REGISTERED NAME ON BANK ACCOUNT	BANK ACCOUNT NUMBER
BANK ADDRESS	BANK ABA/ROUTING NUMBER
BANK CITY, STATE, ZIP CODE	FOR FURTHER CREDIT (FFC) OR FOR THE BENEFIT OF (FBO)

AFTER THIS ACCOUNT APPLICATION HAS BEEN APPROVED AND PROCESSED BY IMET, BANKING INSTRUCTIONS TO DEPOSIT FUNDS INTO THE ACCOUNT WILL BE PROVIDED UPON REQUEST.

## INVESTMENT CERTIFICATION AND AUTHORIZATION

**By signing this new account application form, the undersigned, under penalty of perjury:** (1) Represents and warrants that he/she has the power and authority to make the investment(s) applied for pursuant to this application. (2) Has reviewed IMET'S information package, and IMET's Fourth Amended and Restated Declaration of Trust before signing this application; the undersigned further warrants that he/she has the authority and power to participate in IMET and agrees to be bound by IMET's Declaration of Trust; investments in IMET are subject to the terms of these documents. (3) 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 fees) for acting upon any instructions or inquiries believed genuine. (4) Agrees to receive transaction confirmations and monthly account statements in electronic format only; users with online access will receive a notification email when statements are available for online viewing. (5) Certifies that the tax identification number provided for this entity is true, correct and complete. (6) Agrees that the information, authorizations, and certifications set forth in or attached to this application shall remain in full force and effect until IMET receives written notification of change.

SIGNATURE	TITLE
PRINT FIRST AND LAST NAME	DATE

# IMET DESIGNATION OF AUTHORIZED SIGNERS



**IMET**  
ILLINOIS METROPOLITAN  
INVESTMENT FUND

EFFECTIVE DATE	FEDERAL TAX ID NUMBER
ACCOUNT NUMBER(S)	
NAME OF ENTITY AND TITLE OF ACCOUNT	

## AUTHORIZED SIGNERS

The following named persons are currently officers or other authorized signatories of the participant, and any one of them (“Authorized Person(s)”) is/are currently authorized to act with full power to invest or redeem investments in IMET for the participant and to execute and deliver any instrument necessary to effectuate the authority hereby conferred:

PRINT FIRST AND LAST NAME	SIGNATURE	TITLE	PHONE NUMBER
PRINT FIRST AND LAST NAME	SIGNATURE	TITLE	PHONE NUMBER
PRINT FIRST AND LAST NAME	SIGNATURE	TITLE	PHONE NUMBER
PRINT FIRST AND LAST NAME	SIGNATURE	TITLE	PHONE NUMBER

Service Providers may, without inquiry, act only upon the instruction of ANY PERSON(S) purporting to be (an) Authorized Person(s) as named in the Certification form last received by Service Providers. Service Providers shall not be liable for any claims expenses (including legal fees), or losses resulting from Service Providers having acted upon any instruction reasonably believed genuine.

## ONLINE ACCESS

New online users will receive an email with a secure password and instructions on how to log in. Please note: only authorized signers can have full access to online accounts. Additional users who are not authorized signers may be granted view-only access to accounts.

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
PRINT FIRST AND LAST NAME	EMAIL ADDRESS	FULL ACCESS VIEW ONLY

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](mailto:IMETRequests@imetfunds.com)

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

Please call IMET Client Services at [888.288.IMET \(4638\)](tel:888.288.IMET) with questions regarding this form.