

DC IOLTA ACCOUNT REGISTRATION FORM

COMPLETE AND MAIL OR FAX BOTH PARTS OF THIS FORM TO YOUR FINANCIAL INSTITUTION AND TO:

The District of Columbia Bar Foundation IOLTA Program
80 M Street, SE, 1st Floor, Washington, DC 20003
Phone: (202) 467-3750 Fax: (202) 467-3753

NOTICE TO FINANCIAL INSTITUTION

To: _____ Date: _____
(Name of Financial Institution)

The undersigned has opened an account in the District of Columbia Interest on Lawyers' Trust Accounts (IOLTA) Program established by District of Columbia Court of Appeals Rule XI, §20. Under this program, interest on the account described below is to be paid directly by you to the District of Columbia Bar Foundation, a tax-exempt 501(c)(3) organization. Any service charges related to paying interest on this account will be waived or charged to the Bar Foundation. The undersigned, however, agrees to be responsible for all other reasonable maintenance charges or special transaction fees, as permitted under the Rule. **The account should bear the Bar Foundation's Federal TIN (#52-1109547) as the Foundation is the beneficial owner of the interest.** In addition, all reports and Internal Revenue Service forms relating to interest paid must include the Foundation's tax ID number and must be sent to the Bar Foundation. Please see DC IOLTA Program Guidelines for Financial Institutions, available online:

www.dcbfoundation.org/iolta

Name of Law Firm/Law Firm Opening Account: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: (____) _____

- **The title on each DC IOLTA account shall include the name of the lawyer or law firm that controls the account, as well as "DC IOLTA Account" or "IOLTA Account".**

Account Title: _____ Account No.: _____

- **Remit interest and reports monthly or quarterly to:** The District of Columbia Bar Foundation, 80 M Street, SE 1st Floor, Washington, DC 20003 Phone: (202) 467-3750 Fax: (202) 467-3753

By: Name (Please Print) _____ Signature: _____

NOTICE TO THE DISTRICT OF COLUMBIA BAR FOUNDATION

Name of Law Firm/Lawyer Opening Account: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

1. CHECK ONE:

- This is my/my firm's only District of Columbia Interest on Lawyers' Trust Accounts (IOLTA) account.
 I have (an) additional account(s) in the DC IOLTA Program. Please list below:

2. Please attach a list of lawyers in the firm (**include DC Bar number**) who are covered by the account registered herein.

3. The estimated average monthly balance, or range of deposits during a month is (optional): \$ _____

By: Name (Please Print) _____ DC Bar Number _____

Signature: _____