

COMPLIANCE STATEMENT
Tennessee Bar Foundation
IOLTA (Interest On Lawyers' Trust Accounts) Program

Financial Institution Name: _____

Declaration of the Financial Institution

Upon review of Tennessee Supreme Court Rule 43, and Rule 8, RPC 1.15 which govern the operation of IOLTA accounts, the financial institution named herein will, by January 1, 2010:

I. Comply with the interest rate comparability provisions of Rule 43 as follows:
(Please check and complete one selection in A-D):

A. Convert existing IOLTA accounts to a new or existing product type, entitled:
_____ at an interest rate of: _____%,
which is the highest interest rate available to non-IOLTA depositors with similar eligibility requirements.

B. Adjust the interest rate paid on IOLTA accounts to equal the rate paid on the following account/ product:

with the following interest rate: _____%,
which is the highest interest rate available to non-IOLTA depositors with similar eligibility requirements.

C. Continue to pay _____ % which is the same rate as our _____ account,
which is the highest interest rate available to non-IOLTA depositors with similar eligibility requirements. (Please note documentation requirement in section IV).

D. Other (please describe below or attach additional explanation):

_____.

E. The effective date of any changes noted above will be: _____/_____/_____
[No later than January 1, 2010]

II. Comply with the service charge provisions of Rule 43 as described in Sections 8, 9 and 10.

III. Convert any non-interest bearing pooled client trust accounts to IOLTA accounts meeting the requirements of Rule 43 upon direction by the lawyer/law firm account holder.

IV. Documentation Requirement

Required for Certification: Please attach substantiating documentation for all bank deposit/investment products noted below.

- Internal rate sheet on ALL deposit/investment accounts.
- Explanatory product literature and disclosures in support of the selection in Part I above.
- Any analysis or explanation in support of the selection Part I above.
- All documentation and disclosures for business sweep products.

V. Reporting Institution

Name of financial institution: _____

Name of person executing this form: _____

Title: _____

Contact Person (if different): _____

Address : _____

Telephone: _____ Email: _____

Fax: _____ Web Address: _____

I certify that the above statements are true and accurate and that the information requested in Section IV has been provided.

Signature: _____

Date: _____

Please mail or fax this form and documentation before October 15, 2009 to:

Bank Compliance Reporting
Tennessee Bar Foundation
618 Church Street, Suite 120
Nashville, TN 37219-2456

(615) 242-1531/(800) 634-2516

If you have any questions, please contact Barri Bernstein at a number above.

Thank you for your assistance in implementing the revised IOLTA Rules !