

NOTICE TO FINANCIAL INSTITUTION

The undersigned hereby enrolls this account in the Tennessee IOLTA (Interest On Lawyers' Trust Account) program established by the Supreme Court of Tennessee. Under this program, the financial institution should open (if new) or change the status of my/our law firm's existing trust account to an interest-bearing account that complies with the provisions of RPC 1.15 and Rule 43 of the Rules of the Supreme Court of Tennessee.

LAWYER INFORMATION

INSTRUCTIONS TO LAWYERS: (1) COMPLETE THIS FORM (2) TAKE THIS FORM TO A FINANCIAL INSTITUTION ELIGIBLE TO OFFER IOLTA ACCOUNTS (3) SEND A COPY OF THE FORM **AFTER THE ACCOUNT HAS BEEN OPENED OR CONVERTED** TO THE TENNESSEE BAR FOUNDATION AT THE ADDRESS BELOW. PLEASE INCLUDE A VOIDED CHECK OR DEPOSIT TICKET TO VALIDATE THE IOLTA ACCOUNT NUMBER.

Firm Name: _____

Lawyer Name: _____

Mailing Address: _____ E-mail: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Board of Professional Responsibility Number: _____

Authorized Signature Lawyer/Law Firm: _____

FINANCIAL INSTITUTION INFORMATION

INSTRUCTIONS TO FINANCIAL INSTITUTIONS: The IOLTA account must be established in the name of the lawyer or law firm opening or converting this account, with further designation indicating the fact that this is an IOLTA account. The Taxpayer Identification Number (TIN) must be that of the Tennessee Bar Foundation (TBF), shown below. The TBF is a tax exempt organization and is exempt from backup withholding. No IRS form 1099 is required for IOLTA accounts opened under this program, and the financial institution is not subject to penalty for a mismatched TIN when the payee is an exempt organization. The establishment of interest-bearing trust accounts by law firms, including professional corporations, under the IOLTA program has been approved by federal regulatory agencies. Copies of those determinations are available upon request from the TBF.

Financial Institution Name: _____

Address: _____ Telephone: _____

By (financial institution representative): _____ Date : _____

Account Name: _____

Account Number: _____

Please attach deposit slip
or voided check

Interest computed in accordance with the applicable regulations for this account must be remitted monthly or quarterly to:

Tennessee Bar Foundation
618 Church Street, Suite 120
Nashville, Tennessee 37219-2456
Phone: 615-242-1531 or 800-634-2516
Fax: 615-255-0306
Web: www.tnbarfoundation.org
TAXPAYER I.D. NO. 62-6074501