

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:

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

A. Create IOLTA accounts as 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. Pay _____ % which is the same rate as the _____ 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: ____/____/____

F. The financial institution will submit funds/remittance advice: _____.
(monthly/quarterly)

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

III. Create IOLTA accounts meeting the requirements of Rule 43 upon direction of the lawyer/law firm account holder.

IV. Documentation Requirement

Required for Certification: Please attach substantiating documentation for all financial institution 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 officer executing this form: _____

Title: _____

IOLTA 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 return to:

Info@tnbarfoundation.org

Questions? Call the Foundation at (615) 242-1531 or (800) 634-2516.