## DC IOLTA ACCOUNT REGISTRATION FORM

COMPLETE AND DELIVER BOTH PARTS OF THIS FORM TO YOUR FINANCIAL INSTITUTION AND TO:

District of Columbia Bar Foundation IOLTA Program Email: <u>IOLTA@dcbarfoundation.org</u> FAX: 202-467-3753 Mail: 655 New York Ave NW, 6<sup>th</sup> Floor, Washington DC 20001

## 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 DC Bar Foundation's Federal TIN (#52-1109547) as the DC Bar 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 DC Bar Foundation. Please see DC IOLTA Program Guidelines for Financial Institutions, available online at www.dcbarfoundation.org/iolta.

Name of Law Firm/Law Firm Opening Account:

Address:					
City:	State:	Zip:	Telephone: (	)	
<ul> <li>The title on each DC IOLTA account, as well as "DC IO</li> </ul>				hat controls the	
Account Title:			Account No.:		
	monthly or quarter undation.org FAX ve NW, 6 <sup>th</sup> Floor, Wa	202-467-375	53	:	
<ul> <li>Bank statements for this a sent to the lawyer or law fi 117, Washington DC 20001</li> </ul>	rm and to the Office	e of Disciplinary	v Counsel, 515 Fifth Stre		
By: Name (Please Print)		Signature:			
Δ	OTICE TO THE DIS	TRICT OF COL	UMBIA BAR FOUNDATIO	ON	
Name of Law Firm/Lawyer Oper	ning Account:				
Address:					
City:	State	: Zip:	Phone:	: ()	
I have (an) additional	account(s) in the DC	CIOLTA Program	awyers' Trust Accounts (I n. Please list below:		
1. Please attach a list of lawye	ers in the firm <b>(includ</b>	e DC Bar numb	er) who are covered by th	e account registered herein.	
2. The estimated average mor	nthly balance, or rang	je of deposits du	ring a month is (optional):	\$	
By: Name (Please Print)		DC Bar Number			
Signature:					