

NOTICE TO FINANCIAL INSTITUTION

The undersigned hereby enrolls this account in the Delaware IOLTA (Interest On Lawyers' Trust Account) program established by the Supreme Court of Delaware. 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 Rule 1.15 of the Supreme Court of Delaware Lawyers' Rules of Professional Conduct, said rule provided to the banks and found online at www.delawarebarfoundation.org.

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 THIS FORM **AFTER THE ACCOUNT HAS BEEN OPENED OR CONVERTED** TO THE DELAWARE 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: _____

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. IOLTA accounts must include "Rule 1.15A Attorney Escrow Account" or "Rule 1.15A Attorney Trust Account" in the title of the account. The Taxpayer Identification Number (TIN) must be that of the Delaware Bar Foundation (DBF), shown below. The DBF 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.

Financial Institution Name: _____

Address: _____ Telephone: _____

By (financial institution representative): _____ Date : _____

Account Name: _____

Account Number: _____

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

Please attach deposit slip
or voided check

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DBF's TAXPAYER I.D. NO. 51-0259923