

**INTEREST ON LAWYERS' TRUST ACCOUNTS (IOLTA)
INTEREST ON TRUST ACCOUNTS (IOTA)
ENROLLMENT FORM**

NAME OF ELIGIBLE FINANCIAL INSTITUTION _____

NAME OF LAW FIRM/ENTITY (Depositor) (PLEASE PRINT) _____

CONTACT PERSON FOR LAW FIRM/ ENTITY (PLEASE PRINT) _____

Depositor will participate in the:

___ **Connecticut Interest on Lawyers' Trust Accounts (IOLTA) program.**

___ **Connecticut Interest on Trust Accounts (IOTA) program.**

The depositor hereby instructs the financial institution to establish an IOLTA/IOTA account in the name of the depositor, as follows:

- (1) The depositor's IOLTA/IOTA account is to be established at an "eligible institution" as determined by the Connecticut Bar Foundation (a listing is available at www.ctbarfdn.org). The account shall be maintained as an interest-bearing checking account or an investment product which is a daily (overnight) financial institution repurchase agreement or an open-end money-market fund.
- (2) Most banks waive service charges in Connecticut. If not waived, any service charges must be limited to "allowable reasonable fees" as defined in the Connecticut Practice Book, Rule 1.15 effective January 1, 2012 or the amount of interest which has accrued in the depositor's IOLTA/IOTA account, whichever is less.
- (3) All accrued interest shall be remitted to the Connecticut Bar Foundation, together with a statement indicating the name of depositor, account number, average principal balance for the period reported, amount of interest accrued, interest rate, and amount of service charge (if any) deducted in accordance with the institution's standard accounting practices.
- (4) The taxpayer I.D. number for all IOLTA/IOTA accounts is **#06-6079763**.
- (5) Accrued interest shall be remitted to the Foundation's account by ACH transfer or by check mailed to:
Connecticut Bar Foundation
31 Pratt Street, Suite 420
Hartford, CT 06103-1630
- (6) Depositor hereby agrees that it shall have sole responsibility for determining what funds shall be deposited to the IOLTA/IOTA account.

TRUST ACCOUNT # _____

LAWYER JURIS # (if applicable) _____

ADDRESS OF DEPOSITOR (PLEASE PRINT)

AUTHORIZED SIGNATURE _____

TELEPHONE _____

FAX _____

DATE SIGNED _____

AUTHORIZED BANK REPRESENTATIVE (PLEASE PRINT)

SIGNATURE

Please retain a copy of this notice and forward a copy to:

Connecticut Bar Foundation
31 Pratt Street, Suite 420
Hartford, CT 06103-1630
Telephone (860) 722-2494
Fax (860) 722-2497