

Notice and Certification of Compliance

Rhode Island Bar Foundation Interest on Lawyers' Trust Accounts Program

Complete Part I or Part II and sign at the bottom.

PART I – For Financial Institution - The undersigned is establishing an IOLTA account in compliance with Rhode Island Rules of Professional Conduct, Rule 1.15, regulating lawyers. TO OPEN A NEW IOLTA ACCOUNT OR TO CONVERT AN EXISTING ACCOUNT TO IOLTA, COMPLETE AND BRING TO YOUR FINANCIAL INSTITUTION AND SEND A COPY TO THE BAR FOUNDATION.

1. The depositor's IOLTA account is to be established and governed by Rhode Island Supreme Court Rule 1.15. This means that interest will be accrued and paid in the same manner and at the same interest rate(s) applied to accounts with the same minimum balances or other requirements.

2. Depositor (check one):

- Convert my existing lawyer's trust account.
- Please open a lawyer's trust account for me.

The account should be/remain in my/our firm's name. However, financial institutions should designate the account with the tax identification number of the Foundation, which will receive all interest from the account. **The RI Bar Foundation Tax Identification Number is 05-6009376.**

Attorney Name: _____

Firm Name: _____

If you are a member of a firm of two or more, attach a listing of all lawyers and their bar numbers.

Trust Account Number (s): _____

Financial Institution, Branch & Address: _____

Attorney(s) Authorized to sign IOLTA Checks _____

PART II - I have not established an interest bearing trust account because I am exempt due to the following provisions (check one):

To file to be exempt from the program, complete Part II and send to the Bar Foundation

1. I do not receive, maintain, or disburse client funds in Rhode Island.
Explain: _____
or

2. I am on "inactive" status or a full-time judge, government attorney, or military attorney, and have no client funds requiring an IOLTA trust account.

I attest and certify that the above information is true and correct. I am aware that the original or a copy of this Certification will be provided to the Office of Disciplinary Counsel. I further attest and certify below that I will notify the Rhode Island Bar Foundation at such time in the future that I establish, join, or change an existing trust account containing nominal or short term client funds that are subject to the IOLTA rule.

NAME: _____

SIGNATURE _____ BAR NUMBER _____ DATE _____

PHONE _____ EMAIL _____

Please return completed form to:

Rhode Island Bar Foundation 41 Sharpe Drive, Cranston, RI 02920
For additional assistance, call (401) 421-6541 or email: tgallo@ribar.com