

Interest on Lawyer Account Fund of the State of New York

Funding civil legal assistance for low-income New Yorkers since 1984

IOLA Program Banking Institution Application

Dear Banker:

On behalf of the Trustees of the Interest on Lawyer Account Fund of the State of New York ("IOLA Fund"), I would like to thank you for your interest in the IOLA program.

To apply to be a participating banking institution, please review the enclosed information and submit the required forms indicated below.

1. Cover Letter

Submit a letter from an authorized representative of your banking institution indicating your intent to become a participant in the IOLA program and that, if approved for the program, all branches of your banking institution in New York State will open and administer IOLA accounts in accordance with the laws and regulations governing IOLA accounts.

2. Participating Bank Product Comparability Report (attached).

IOLA laws and regulations require that the interest paid on IOLA account products shall be not less than the rate paid on comparable account products offered by the banking institution to its best customer. (See 21 NYCRR §7000.9) Complete the enclosed Bank Comparability Report with documentation, including product descriptions, interest rates and fees for ALL deposit account products (including any sweep account products), together with any analysis or explanation to support the election.

3. Bank Contact Information (attached).

4. Agreement to Provide Dishonored Check Reports (attached).

Participating banking institutions are required to report all dishonored checks on escrow accounts to The Lawyers' Fund for Client Protection. Please mail the **original** to the Lawyer's Fund for Client Protection and **one copy** to the IOLA Fund.

Once the IOLA Fund receives and approves your completed application package, we will notify you that you are approved as a participating banking institution and can begin establishing IOLA accounts for your attorney customers.

For additional information, see the IOLA Fund Operational Guidelines (a copy of which is enclosed), the Bank FAQs and the relevant statutes and regulations, all of which can be found on our website at www.iola.org/banks.

Thank you again for your interest in this program and please do not hesitate to contact us with any questions.

Michele Agard
Director of Administration

Alfred Liz
Bank Liaison &
Technical Administrator

IOLA

11 East 44th Street
Suite 1406
New York, NY 10017-0055

tel (646) 865-1541
fax (646) 865-1545

www.iola.org
magard@iola.org
aliz@iola.org



IOLA Fund Office Use Only

New Bank Existing Bank

Reviewed by: _____

Date Reviewed: _____

Approved: Yes No

IOLA Fund of the State of New York

Participating Bank Product Comparability Report

Name of financial institution: _____

Effective date: _____

Comparability Basis (check one)

A. Highest Comparable Rate.

Fixed interest rate equal to the **highest rate available** among the following types of accounts as paid to the Bank's **best customers**. Indicate the name of highest comparable product offered by your Bank.

Money market account; Product name: _____

Government checking account; Product name: _____

Open-end money market investment; product name: _____

Other interest-bearing, check-writing account; Product name: _____

NOTE: If electing A. (highest comparable rate), please submit documentation, including product descriptions, interest rates and fees for ALL bank account products, together with any analysis or explanation to support the election.

B. Safe Harbor

Variable interest rate equal to the **greater of 60% of the Federal Funds Target Rate** (calculated as of the first day of each month) **or 1.00%** on an interest-bearing checking account.

IOLA Account Rate Information

What is the proposed IOLA account interest rate? If tiered, list below:			%
TIER	FROM	TO	RATE PAID ON TIER
1	\$	\$	%
2	\$	\$	%
3	\$	\$	%
4	\$	\$	%

IOLA Account Fees (charged against interest) (check one)

- A. ___ Account fees **waived** on IOLA Accounts
 B. ___ Equitable service charges

Maintenance Fee	___ Monthly ___ Quarterly	\$
Other Fees (describe)	___ Monthly ___ Quarterly	\$
Other Fees (describe)	___ Monthly ___ Quarterly	\$
Other Fees (describe)	___ Monthly ___ Quarterly	\$

- C. ___ Service charge for the preparation of reports to the IOLA Fund

___ Monthly ___ Quarterly	\$
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NOTE: All other fees for special services requested by the account-holder are the responsibility of, and may be charged to, the lawyer or law firm maintaining the IOLA account.

Other

Frequency		
How often does your institution pay interest?		___ Monthly ___ Quarterly
How often will your institution remit interest to the Fund?		___ Monthly ___ Quarterly
How do you calculate interest on IOLA accounts? Check one.		
<input type="checkbox"/>	Average daily balance	If calculation method is different from comparable accounts, please explain: NOTE: Regular remittance reports should indicate the <i>average daily balance</i> during the reporting period as to each account.
<input type="checkbox"/>	Average monthly balance	
<input type="checkbox"/>	Monthly fixed date	
<input type="checkbox"/>	Highest monthly balance	
Are there any minimum balance requirements? Check all that apply.		
<input type="checkbox"/>	Minimum to open account:	\$
<input type="checkbox"/>	Minimum to earn interest:	\$
<input type="checkbox"/>	Minimum to waive charges:	\$

I certify that the above statements are true and accurate.

Name & Title (Print): _____

Signature: _____ Date: _____

Phone: _____ Email: _____



IOLA Fund of the State of New York
Participating Bank Contact Information

Name of financial institution: _____

Effective date: _____

POLICY CONTACT (Responsible for ultimate compliance with the IOLA Fund.)	
Name	
Title	
Address	
Phone	
Email	
REMITTANCE CONTACT (Responsible for routine remittance and reporting to the IOLA Fund.)	
Name	
Title	
Address	
Phone	
Email	

Agreement to Provide Dishonored Check Reports

Pursuant to 22 NYCRR, Parts 1200.46 § [b](1)(2) and 1300.01

BANKING INSTITUTION: _____

ADDRESS: _____

CONTACT PERSON: _____ **TELEPHONE:** _____

WHEREAS, attorneys and law firms in the State of New York are required to maintain their segregated bank accounts only in banking institutions that agree to provide dishonored check reports to the New York State **Lawyers' Fund for Client Protection** (hereinafter the "**Lawyers' Fund**"); and

WHEREAS, attorneys and law firms are required to designate these accounts as either **Attorney Special Account**, or **Attorney Trust Account**, or **Attorney Escrow Account**; and

WHEREAS, court rules provide that attorneys and law firms in the State of New York are deemed to have consented to these requirements with respect to attorney special, trust, or escrow accounts;

NOW, Therefore, the Lawyers' Fund and the Banking Institution agree as follows:

The Lawyers' Fund approves the Banking Institution as a depository for attorney special, trust or escrow accounts in the State of New York.

The Banking Institution will provide the Lawyers' Fund with a dishonored check report (hereinafter "**Report**") whenever a properly payable instrument is presented against an attorney special, trust, or escrow account which contains insufficient available funds, and the Banking institution dishonors the instrument for that reason. Such Report shall be substantially in the form of the notice of dishonor that the Banking Institution customarily provides to its customers, and may include a photocopy or a computer-generated duplicate of such notice.

Such Report shall be mailed, within five banking days after the date of presentment against insufficient funds, to: **The Lawyers' Fund for Client Protection, 119 Washington Street, Albany, NY 12210**

Such Report may be withdrawn by the Banking Institution within 10 days after mailing if the report was provided to the Lawyers' Fund by inadvertence or mistake; provided, however, that curing of an insufficiency of available funds by an attorney or law firm by the deposit of additional funds shall not constitute reason for withdrawing a Report.

This agreement applies to all branches of the Banking Institution that provide attorney special, trust, or escrow accounts for attorneys engaged in the practice of law in the State of New York.

This agreement shall not be canceled except on 30 days prior written notice.

Applicable court rules are attached.

Dated: _____

By: _____

Authorized Signature

Title

Please return to
The Lawyers' Fund for Client Protection
119 Washington Street, Albany, New York 12210
Telephone: (518) 434-1935 or 1-800-442-3863