



LAWYER'S OR LAW FIRM'S NOTICE TO FINANCIAL INSTITUTION TO ESTABLISH AN IOLA ACCOUNT (INTEREST ON LAWYER ACCOUNT)

Interest on Lawyer Account

DIRECTIONS TO LAWYERS OR LAW FIRMS:

- 1. Complete and submit this form to your financial institution.
2. Complete bottom portion and mail WITHIN 30 DAYS OF ACCOUNT OPENING to:
IOLA FUND OF THE STATE OF NEW YORK
11 East 44th Street Suite 1406
New York, New York 10017-3608

TO: BANK NAME

BANK ADDRESS

DIRECTIONS TO FINANCIAL INSTITUTIONS:

The IOLA account and checks printed for your customer's use CANNOT identify the IOLA Fund as designee, trustee or owner. Retain the top portion of this form for your records

DATE:

FROM: FIRM NAME

FIRM ADDRESS

Pursuant to Chapter 659, Laws of 1983, as amended by Chapter 677, laws of 1988, effective February 1, 1989, you are hereby requested to open a separate trust account, (Acct No. In the name of) subject to negotiable orders of withdrawal (NOW Account), with interest payable to the IOLA Fund of the State of New York.

The establishment of IOLA NOW Accounts by lawyers and law firms, including professional corporations, has been approved by the Federal Reserve System and the Federal Home Loan Bank Board.

The account shall bear the tax identification number of the IOLA Fund of the State of New York, #13-3246797. W-9 Forms are only necessary if your institution is unable to suppress form 1099. IRS Form W-9 shall bear the IOLA Fund tax identification number as payee and certify exemption from back up withholding taxes. Please send all W-9's to the IOLA Fund for certification. Because the IOLA Fund is an instrumentality of the State of New York, no Form 1099 or other report of interest need be issued on this account.

Interest on the average monthly balance in the account, or as otherwise computed in accordance with your standard accounting practice (net of reasonable service charge or fees, if any), must be remitted at least quarterly or more frequently if convenient for the financial institution. A single remittance report reflecting all interest earned, net of service charges and fees, if any, should be submitted. This report and remittance should include activity in all branches of your financial institution. Please contact the IOLA liaison at this institution for information on what procedures are to be followed.

The IOLA Fund will provide, upon request, supporting documentation of government rulings and information to assist your institution in implementing the IOLA program. Please direct all inquiries concerning the interest bearing trust account to the IOLA Fund at the above address, or call 1-800-222-IOLA.

Thank you for your prompt attention to this request. Your cooperation and support for this important program benefitting the citizens of New York are appreciated.

NOTE: SUBMIT W-9 FORMS USING THE IOLA FUND TIN # ONLY IF YOUR SYSTEM CANNOT SUPPRESS FORM 1099 OR OTHER REPORTS OF INTEREST ON THE ACCOUNT

Three horizontal lines for signature or stamp.

(ALL TRUST ACCOUNT SIGNATORIES)

Lawyer or law firm should detach here, mail to IOLA Fund, 11 East 44th Street Suite 1406, NY, NY 10017-0055



Interest on Lawyer Account

The undersigned, in accordance with Chapter 659, Laws of 1983, as amended by Chapter 677, Laws of 1988, has established a NOW account with interest payable to the IOLA Fund of the State of New York with the financial institution listed below. Our interest-bearing account is entitled:

DATE OPENED :

STATE OF NY OFFICE OF COURT ADMINISTRATION

ATTORNEY REGISTRATION # :

Name / Title of Account

Account Number

Is with: Name of Financial Institution NY

N.Y.

City State Zip

Three horizontal lines for signature or stamp.

List Attorneys Sharing Escrow Account above (Or attach copy of your firm's letterhead)

Signature

Print Name

Address

City State Zip

() Area Code Telephone Number

NOTE: Provide all requested information. Form must contain a signature where requested.

Please remember to include your account number or attach one of your deposit slips.