

Notice to Financial Institutions and Enrollment Form
MISSISSIPPI BAR FOUNDATION IOLTA PROGRAM
To Establish or Convert to an Interest on Lawyer Trust Account ("IOLTA")
(To be completed by lawyer/firm for each IOLTA account)

TO FINANCIAL INSTITUTION:

FROM:

_____	_____	Lawyer/Law Firm
_____	_____	Address
_____	_____	City, State, Zip
_____	_____	Phone

The undersigned is establishing an IOLTA account in compliance with the Mississippi Rules of Professional Conduct, Rule 1.15, regulating lawyers.

Under the IOLTA program you are authorized to open (if new), or change the status of my/our law firm's existing trust account to an interest-bearing account.

Name on Account _____ Account Number _____

The undersigned further authorizes you to disclose to the Mississippi Bar Foundation any and all information with respect to the IOLTA account being established by the undersigned as contemplated herein including all information designated by Mississippi Professional Conduct Rule 1.15 authorizing the establishment of IOLTA accounts and designating the Foundation as the recipient of the interest on all such accounts.

The account should be/remain in my/our law 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 tax identification number of the Foundation is 64-6029087.*** My/Our law firm's tax identification number should ***not*** be used.

The Mississippi Supreme Court has ordered that interest on the IOLTA account, less reasonable service charges, must be remitted at least quarterly (monthly is preferred) to the Foundation.

The Foundation is a not-for-profit corporation exempt from federal income tax. **No 1099 forms** are required for IOLTA accounts (Internal Revenue Code 6049), and IOLTA accounts are not subject to back-up withholding. Further, no W-9 form mailing is required (Treas. Reg. 35a.0000-1).

If you have questions about how IOLTA accounts are set up, please contact the Foundation at 601-948-5234 or email Angie Cook at acook@msbar.org for assistance.

BY (Authorized IOLTA Account Signatory (ies))

Date: _____

(Signature)

(Signature)

(Printed Name)

(Printed Name)

Please attach a list of all lawyers in the law firm to this form.

Attention Lawyers: Please keep a copy for your records and return a copy to:
Mississippi Bar Foundation
IOLTA Program
P O Box 2168 Jackson MS 39225-2168
Fax # 601-510-9264

Thank you for your cooperation. For additional information or assistance in completing this form, contact the IOLTA Coordinator at 601-948-5234. You can also visit www.msbar.org for more information.