

ENROLLMENT FORM FOR LAWYERS AND LAW FIRMS

TO: _____
(Financial Institution)

ADDRESS: _____

FROM: _____
(Lawyers/Law Firm)

ADDRESS: _____

TELEPHONE: _____

As authorized by South Carolina Supreme Court Order dated January 20, 1987, and any amendments, the undersigned lawyer/law firm desires to participate in the Interest on Lawyers Trust Account Program (IOLTA), under which pooled interest-bearing trust accounts are converted to interest-bearing accounts with the interest to be paid to the South Carolina Bar Foundation, Inc., a nonprofit charitable organization.

Check one:

___ I/we presently do not have a checking account at _____ (financial institution) for nominal or short-term clients trust funds and wish to establish an IOLTA account for those funds.

___ I/we have a non-interest bearing client trust account, account no. _____, at _____ (financial institution) which we request you convert to an interest-bearing IOLTA checking account effective immediately.

We understand that you may require a supplemental account agreement in addition to your usual signature cards and other documentation.

Thank you for your prompt attention to this request. Please contact the SC Bar Foundation toll free at 1-877-SC-IOLTA if you have any questions regarding the program. Your cooperation and support is greatly appreciated.

Signature: _____

Print Name: _____

Bar number: _____ Date: _____

FAX TO: (803) 779-6126

MAIL TO: South Carolina Bar Foundation
PO BOX 608
Columbia, SC 29202

You should use this form to:

1. open an IOLTA account or
2. convert a non-interest bearing trust account to an IOLTA account

If your account status changes during the year, please refer to the *Change of Status form*.

Send the original to your bank and a copy to the Foundation.

If completing the form for a firm, attach a list of attorneys (include Bar numbers) who will use the account in the regular course of practice.

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