



STATE BAR OF MONTANA

Serving the people of Montana and their attorneys

IOLTA MEMBERSHIP APPLICATION

Please complete this form and return it to the State Bar.

BANK NAME _____

MAILING ADDRESS _____

(STREET OR PO BOX) (CITY) (STATE) (ZIP)

PERSON FILLING OUT THIS FORM _____ TELEPHONE _____

E-MAIL: _____

OTHER BRANCHES WITHIN MONTANA: _____

I understand and acknowledge the following:

1. Taxpayer Identification Number certifications (IRS Form W-9s and 1099 information returns), if required, will show the Montana Justice Foundation, Tax I.D. No. 81-0391131, as the recipient of the interest. Such forms should be mailed to the Montana Justice Foundation.
2. Interest earned will be remitted monthly to the Montana Justice Foundation.
3. Each remittance to the Montana Justice Foundation as follows:
 - (a) the name of the law firm or individual lawyer's trust account
 - (b) the account number
 - (c) the amount of interest earned on that particular account
 - (d) the amount of service charge deducted from the interest, if any
4. If your institution has IOLTA accounts for more than one participant, you may find it more convenient to send a single remittance check for all at the same time, but if you do so, please ensure that the statements applicable to all participants are forwarded at the same time so the Foundation can determine the exact allocation of the lump sum payment among the firms involved.
5. The Montana Justice Foundation will also transmit funds electronically via the Automated Clearing House which greatly reduces bank administrative costs associated with IOLTA.
6. No attorney trust account may be maintained in any financial institution which does not agree to make the overdraft reports required by the Overdraft Notification Rule and this agreement.
7. By signing this agreement, Financial Institution agrees to report to the Lawyers' Fund for Client Protection Board in the event any instrument in properly payable form is presented against an attorney trust account containing insufficient funds, irrespective of whether or not the instrument is honored.
8. All Overdraft Reports made by the financial institution to the Lawyers' Fund for Client Protection Board shall meet at least the following requirements:
 - a. In the case of instruments that are presented against insufficient funds, but which instruments are honored, the report shall identify the financial institution, the attorney or law firm, the account number, the date of presentation for payment and the date paid, as well as the amount of the overdraft created thereby.
 - b. In the case of a dishonored instrument, the report shall be identical to the overdraft notice customarily forwarded to the depositor, and shall include a copy of the dishonored instrument, if such a copy is normally provided to depositors;



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c. All overdraft notification reports shall be sent to the Lawyers' Fund for Client Protection Board of the State Bar of Montana at P.O. Box 577, Helena, MT 59624.

- 9. This agreement applies to all branches of the Financial Institution in existence at the time this agreement is executed on behalf of the Financial Institution and applies to all branches which the Financial Institution may establish during the term of the agreement.
- 10. Financial Institution understands and acknowledges that for any attorney trust account the words "Trust Account" must be included in the name of the account and on any checks, drafts or deposit slips.
- 11. Financial institution agrees to cooperate fully with the Lawyers' Fund for Client Protection Board and to produce any attorney trust account or attorney business account records upon receipt of a subpoena therefor. Financial Institution acknowledges the following provision in the Montana Supreme Court's Overdraft Notification Rule: "Every attorney or law firm shall be conclusively deemed to have consented to the reporting and production requirements mandated by this rule."
- 12. This agreement may not be canceled except upon thirty (30) days written notice to the Montana Supreme Court.

Signature: _____

Print Name: _____

Job Position: _____

DATED this _____ day of _____, 20____.

FOR IOLTA PROGRAM USE ONLY

DATE RECEIVED _____

DATE APPROVED _____

APPROVED BY _____