IOLTA ACCOUNT
Notice to Financial Institution

TO: _____________________________________________________________________________________________________

(Name of Financial Institution)
_________________________________________________________________________________________________________

(Address)
_________________________________________________________________________________________________________

(Name of Lawyer or Law Firm)

(hereinafter referred to as the "depositor") hereby elects to participate in the Alaska Interest on Lawyer's Trust
Accounts (IOLTA) program. The depositor hereby instructs you to establish an IOLTA account in the name of the
depositor, as follows:

(1) The depositor’s IOLTA account is to be established and governed by your customary rules and
procedures governing NOW (negotiable order of withdrawal) accounts. This means that interest
will be accrued and paid in the same manner and at the same interest rate(s) customarily
applicable to your NOW accounts.

(2) (Depositor check applicable box.)

(              ) Use my existing lawyer's trust account # ________________________________

(              ) I do not have an existing account. Please open a lawyer's trust account for me.

(3) You agree to limit your service charges on the depositor's IOLTA account (if you choose not to
waive these service charges) to your customary service charges on NOW accounts or the amount
of interest which has accrued in the depositor's IOLTA account, whichever is less.

(4) Please remit all accrued interest (net of service charges, if any) at least quarterly to the Alaska
Bar Foundation, together with a periodic statement (at least quarterly) showing the name of the
depositor, the amount of interest accrued, and the amount of service charge (if any) deducted
from accrued interest.

Accrued interest can be remitted by your check, draft, or similar instrument via U.S. Mail to the
foundation’s account:

Alaska Bar Foundation
840 K Street, Suite 100
Anchorage, AK 99501
Taxpayer I.D. #23-7221675

(5) The depositor hereby agrees that it shall have the sole responsibility for determining what funds
shall be deposited to the depositor's IOLTA account.

Send forms to your financial institution
and send a copy to:

Alaska Bar Foundation
840 K Street, Suite 100
Anchorage, AK 99501

Sent on _____________________, 20_______ by: ________________________________