OFFICE OF ACCESS & INCLUSION



180 Howard Street, San Francisco, CA 94105

iolta@calbar.ca.gov 415-538-2252

IOLTA Compliance Statement

Routing Number: Business and Professi those accounts at fina comparable to or high qualifying investment	ons Code §§ 6091.2, 6211, 6212, and 6213(j) require attorneys with IOLTA accounts to hold ancial institutions that agree to pay interest rates/dividends to IOLTA customers that are her than what the institutions pay their similarly situated customers, including through a products. Ition elects to comply with the requirements of interest rate comparability as follows
	We elect to become a Leadership Bank to help increase funding for legal services for low-income Californians. To obtain the designation, we agree to the following (please check each to indicate your understanding and agreement):
Option A (Leadership Bank Program)	Pay the Established Compliance Rate (ECR) or higher. ECR is 68% of the Federal Funds Rate (FFR), or 0.68%, whichever is higher, on all IOLTA accounts. Our institution understands that if the FFR increases, we must adjust the rate paid as necessary to ensure it is at least 68% of the FFR by no later than the first day of the month following the increase to the FFR. Effective June 1, 2023, ECR is 3.57%.
	Beginning on and lasting until the FFR changes or we notify the State Bar otherwise, we agree to offer an interest rate of% on all IOLTA accounts; \[\Boxedow \] Waive any fees or costs associated with our IOLTA accounts, regardless of their size.
	If agreeing to Option A, no further documentation is necessary. Please complete the acknowledgments in Section 2 and then proceed to Section 3 on the next page to confirm your choice and update your contact information. Thank you for your leadership!
	To comply with the IOLTA statute, we elect to pay the ECR or higher (see Option A
Option B (ECR)	above), but do not agree to the other terms of the Leadership Bank Program. ECR is net of allowable fees.
()	If agreeing to Option B, no further documentation is necessary. Please complete Section 2 and then proceed to Section 3 on the next page to confirm your choice and update your contact information.

	Or	otion C (Compara	ability)			
To comply with the IOLTA statute, we agree to pay interest rates or dividends on IOLTA accounts that are comparable to or higher than those paid on similarly situated non-IOLTA accounts. Complete the following and attach the completed Comparability Disclosure Form and required documentation.						
1. Specify the rate(s) on the IOLTA account:					
						%
Balance \$		_ to \$		at		%
Balance \$		_ to \$		_ at _		% %
	sed effective date of the IC					/0
	of the comparable accour			 etc/rato c	tructuro i	ftiorod
	ate or dividend paid on the					
Product Name		\$ \$	to \$ to \$		at	% %
Product Name		\$ \$	to \$		at at	^%
Product Name		\$\$	to \$		at	%
	ng documentation for all bahen to be a comparable p	•	•	s as noted	d below, v	whether
	heets on all deposit and i less/Corporate, Governme n					
 Internal depos 	it account interest rate spe	ecifications repo	rt listing all rates pai	d within	each prod	duct type
	tion and disclosures for Bu weep to Money Market M		_	-	-	9
	currently participating Fina Even if you do not increase					
We will waive s	service fees on IOLTA Acco	unts to benefit lo	w-income California	ans.		
We will charge allowable fees (per-check charges, per-deposit charges, monthly fees such as fees in lieu of minimum balance, federal deposit insurance fees, or sweep fees). Per the IOLTA statute, fees and charges will be calculated in accordance with the institution's standard practice. Charges will not be deducted from the principal balance and will not be deducted from interest dividends earned on IOLTA accounts.						
Monthly maintenance / in lieu of minimum balance fee, if any: \$						
Minimum bala Any other fees	nce for waiving maintenar charged?	nce fee \$				
If "Yes," descri	be those fees:					
and to sign. A comp financial institutions statement and all th	t below and then proceed to blete Compliance Statemer of cannot decrease IOLTA co the required supporting doc tup to 30 days to evaluate o	nt must include to omparability rate umentation. Onc	he Comparability Dis s until the State Bar e all the documenta	sclosure F reviews i	orm. Not	e that ance
Section 2: We agree to the following remittance reporting requirements:						
Remittance Reporting and Payments	We understand the rethe State Bar's online Remittance reports a period. We understand the remonth following the ends the last day of the mosubmit payments by A	e IOLTA portal an re due the 10 th or equirement to suend of the report onth following th	d agree to report f the month followin bmit remittance pa ing period, and will e end of the reportir	ng the en yments be be consid ng period	d of the re by the 10 th lered deli . Institutio	eporting of the nquent on ons can

Fargo Bank.

Section 3:

I acknowledge that this Financial Institution is obligated to notify the State Bar of California of all rate changes.

On behalf of the referenced Financial Institution, I confirm the election made pursuant to the IOLTA statute, and I certify that the statements herein, and on the Comparability Disclosure Form (where applicable), are true and accurate, and that the information requested has been provided in full.

Financial Institution:		Date:
Product Manager: (First Name)	(Last Name) _	
Title:	Signature:	
Address:		
Telephone:	Email:	
Remitter: (First Name)	(Last Name)	
Title:		
Address:		
Telephone:	Email:	
Website URL for Leadership Bank Hyperlink:		

Unless we hear otherwise, the Remitter identified above will receive a password for access to the online IOLTA reporting portal to upload remittance reports. If you would like to identify additional persons for access, please provide their name, title, address, telephone number and email address. To maintain certification, your institution is responsible for monitoring access and advising the State Bar of California if employee roles change. Thank you for your cooperation.

Please email completed form to:

iolta@calbar.ca.gov

The State Bar of California will review your information and contact you if further information is required. Thank you for supporting access to justice for low-income Californians.

State Bar of California | CA IOLTA Program | Comparability Disclosure Form

Banking Institution Name:

Routing Number:

Rate and Fee Information for all potentially comparable products **:

Other:



**By statute, types of accounts that may be used as IOLTA accounts include:

an interest-bearing demand account, an investment sweep product that is a daily (overnight) financial institution repurchase agreement that is fully collateralized by

US Government Securities or other comparably conservative debt securities, or an

Financial Institutions that do NOT elect Option A "Leadership Bank Program" or Option B "Established Compliance Rate," must complete this form to verify eligibility to offer IOLTA accounts in the State of California. In accordance with Business and Professions Code sections 6212 and 6213 governing the California Interest on Lawyers' Trust Accounts (IOLTA), California attorneys must place IOLTA accounts only at Financial Institutions that pay interest rates or dividends on IOLTA accounts that are comparable or higher than those paid on similarly situated non-IOLTA accounts. Attach any of the necessary documentation as specified in the Compliance Statement, Section 1, Option C.

Rate and Fee Information for all potentially comparable products **:						open-e	open-end money-market fund that is invested solely in US Government Securities					
Complete this section to ident listed below. IOLTA accounts	•	-	•							ralized by US Goes. See B&P Co		
be eligible for these products.	Use the Cor	nments box t	to explain req	uirements, as	s necessary.							
	Tier 1 Balances			Tier 2 Balances		Tier 3 Balances		Tier 4 Balances				
Account Type & Name	From \$	То \$	Rate % (APR)	From \$	То \$	Rate % (APR)	From \$	То \$	Rate % (APR)	From \$	To\$	Rate % (APR)
Business NOW Name:												
Super NOW (Premium etc.) Name:												
Wealth Checking Name:												
Repurchase Sweep Name:												
Money Market Fund Sweep Name:												

Disclose all service fees charged on comparable products below. Use the Comments box to describe any other fees charged, or to explain requirements, as necessary.

Type of Account ► Fees: ▼	Business NOW	Super NOW	Wealth Checking	Repurchase Sweep	Money Market Mutual Fund Sweep	Other
Monthly maintenance –in						
lieu of minimum balance due						
Min. balance for waiving						
maintenance fee						
Per Transaction / Activity						
fees (attach fee schedule)						
Any other fees charged?						
	•	•		•		

Comments / Explanations:		
Comments / Explanations.		
· ·		