



180 Howard Street, San Francisco, CA 94105

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

IOLTA Compliance Statement

Financial Institution Name: ______ Routing Number: ______

Business and Professions Code §§ 6091.2, 6211, 6212, and 6213(j) require attorneys with IOLTA accounts to hold those accounts at financial institutions that agree to pay interest rates/dividends to IOLTA customers that are comparable to or higher than what the institutions pay their similarly situated customers, including through qualifying investment products.

Section 1: This institution elects to comply with the requirements of interest rate comparability as follows (choose one):

	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	Pay the Established Compliance Rate (ECR) or higher. ECR is 68% of the Federal Funds							
(Leadership Bank	Rate (FFR), or 0.68%, whichever is higher, on all IOLTA accounts. Our institution							
Program)	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 August 1, 2023, ECR is 3.74%.							
	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; 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!							

Option B (ECR)	To comply with the IOLTA statute, we elect to pay the ECR or higher (see Option A 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.

	Optior	n C	(C	omparability)				
are comparable t	th the IOLTA statute, we agree to or higher than those paid on s tach the completed Comparabi	sim	nila	arly situated non-	IOLTA accour	nts. Cor	nplete	the
1. Specify the rate	s) on the IOLTA account:							
Balance \$	·	to	\$	i		at		%
Balance \$		to	\$			at		_%
Balance \$	·	to	\$			at		_%
								_%
Specify the prop	osed effective date of the IOLTA	A ra	ate	(s) above				
2. Specify the nam	e of the comparable account: _							
	rate or dividend paid on that ac						ructure	e if tiered:
Product Name	-	Ś		te	n Ś		at	%
Product Name		Ś		to	5		at	%
Product Name		\$		to	; \$		at	%
Product Name		\$_		to	o\$		_ at	%
	ng documentation for all bank of them to be a comparable produ	-	-			s noted	below,	, whether
	sheets on all deposit and inves ness/Corporate, Government, on							
 Internal depo 	sit account interest rate specific	cati	ior	ns report listing a	ll rates paid v	vithin e	each pro	oduct type
	ation and disclosures for Busine Sweep to Money Market Mutua				-	-	-	se
income people. charges.	l currently participating Financia Even if you do not increase the service fees on IOLTA Accounts e allowable fees (per-check char	rat s to	te f be	for IOLTA account	ts, please cor e Californians	nsider v	vaiving	service
will be calcula	nce, federal deposit insurance t ted in accordance with the insti ipal balance and will not be dec	ituti	tior	n's standard prac	tice. Charges	will no	t be de	ducted
Minimum bal Any other fee	ntenance / in lieu of minimum b ance for waiving maintenance f is charged?							
Complete Sections and to sign. A com financial institutior statement and all t	ribe those fees:2 2 below and then proceed to Se plete Compliance Statement mu as cannot decrease IOLTA compo he required supporting docume to up to 30 days to evaluate and o	ust ara enta	in ibil atio	clude the Compa lity rates until the on. Once all the d	rability Disclo State Bar re	osure Fo views it	orm. No s comp	ote that liance
Section 2: We agree	to the following remittance rep	por	rtin	ng requirements:				
Remittance Reporting and Payments	We understand the requi the State Bar's online IOL Remittance reports are de period. We understand the requi month following the end of the last day of the month submit payments by ACH	LTA lue iren of t fol	ne the	ortal and agree to e 10 th of the mon ent to submit rem e reporting period wing the end of th	o report th following ittance paym I, and will be ne reporting	the end tents br conside period.	l of the y the 10 ered de Institut	reporting D th of the linquent on tions 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.

OPTION C

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

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.

Banking Institution Name:

Routing Number:

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

Complete this section to identify all of the products that your Institution offers within the account types listed below. IOLTA accounts that meet the same minimum balance or other eligibility requirements may be eligible for these products. Use the Comments box to explain requirements, as necessary.

**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 open-end money-market fund that is invested solely in US Government Securities or repurchase agreements fully collateralized by US Government Securities or other comparably conservative debt securities. See B&P Code §§6091.2, 6211-6213(j).

	T	ier 1 Balanc	es	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 \$	То \$	Rate % (APR)
Business NOW												
Name:												
Super NOW (Premium etc.)												
Name:												
Wealth Checking												1
Name:												
Repurchase Sweep												1
Name:												
Money Market Fund Sweep				1								
Name:												
Other:												

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:	