

## ATTORNEY IOLTA TRUST ACCOUNT AGREEMENT

## Please type or print legibly.

| Financial Institution   |  | Attorney/Law Firm   |  |  |
|---|--|---|--|--|
| Address   |  | Address   |  |  |
| Telephone Number  |  | Telephone Number  | Fax Number   |  |
| Remitting Financial Institution (if different from above  | )  | Contact Person in Firm  | Contact Person's Email Address   |  |
| Pursuant to Wisconsin Supreme Court Ru<br>established as, an interest-bearing or dividend-p<br>institution's rules and regulations applicable to suc  | aying accour   |   |  |  |
| Ownership of Interest. SCR 20:1.15 (d)(allowable reasonable fees, as allowed under parterned interest or dividends, pursuant to SCR CFoundation, Inc. TIN #39-1555465. IRS Form 10:00000000000000000000000000000000000  | (5), shall be thapter 13."   | paid to WisTAF, which shall be<br>The account is to be designated   | considered the beneficial owner of the   |  |
| Financial Institution Remittance and Remits WisTAF and remit interest or dividends owed to name of the attorney/law firm for whom the remits of allowable reasonable fees deducted (if any), the amount of remittance attributable for each IOLT quarterly.   | WisTAF vistance is sent, the average a   | a ACH or other electronic fund<br>the account number, the rate of<br>account balances for the period  | Is transfer. The report <u>must include</u> the interest or dividend applied, the amount for which the report is made, and the   |  |
| Service Charges and Fees (if applicable) be assessed service charges and fees as establish allowable reasonable fees on IOLTA accounts that are unpaid service charges or fees owing on the active directly liable for such unpaid charges or fees. The following methods: (1) by deducting such chainstitution, without prior notice or demand, according to the financial institution, which shows according to the financial institution, which shows according to the financial institution of the financial institution | ed and disclet may be char<br>ecount, above<br>the attorney/la<br>rges from any<br>ding to appli<br>count activity | osed by the financial institution arged against IOLTA interest. The the interest earned on the account with firm agrees to pay any unpaid y non-trust account maintained by cable law; (2) by paying prompy related to unpaid charges; or | a. SCR 20:1.15 (d)(5) contains a list of<br>the attorney/law firm agrees that if there<br>ant, the undersigned attorney/law firm is<br>all service charges or fees through any of<br>the attorney/law firm at this financial<br>only after receipt of a periodic statement |  |
| This agreement is acknowledged by estable copy of this form to the attorney/law firm (with the WisTAF office.   | _  |   |  |  |
| This account is for (check one): ☐ Individual Attorney  |  | ☐ Law Firm/Partnership/Co   | ☐ Law Firm/Partnership/Corporation   |  |
| Attorney's/Managing Attorney's Signature  | Date   | •   | OLTA Account Title – must match the e of Lawyer Regulation Overdraft   |  |
| Attorney's/Managing Attorney's Printed Name   |  |   |  |  |
| Financial Institution Representative's Signature  | Date   | IOLTA Account Numb  | er   |  |
| Financial Institution Representative's Printed Nam  | ne   |   |  |  |

Wisconsin Trust Account Foundation Inc.  $\mid$  4600 American Parkway, Suite 104  $\mid$  Madison, WI 53718 Telephone: (608) 257-6845  $\mid$  Toll Free: (877) 749-5045  $\mid$  Email: service@wistaf.org  $\mid$  Web site: www.wistaf.org