

REQUEST TO ESTABLISH IOLTA ACCOUNT

TO: IOLTA COORDINATOR/CAROLYN LAWRENCE
LEGAL SERVICES CORPORATION OF VIRGINIA
919 EAST MAIN STREET, SUITE 615
RICHMOND, VIRGINIA 23219

TELEPHONE: (804) 782-9438
FACSIMILE: (804) 648-3917

Please complete this form and submit it to your financial institution. Retain a copy for your record.

TO (Financial Institution):

FROM(Attorney/Firm/Title Co):

As provided or not prohibited by the Rules of Court, Part 6, Section IV, the undersigned elects to participate in the Interest on Lawyers' Trust Accounts ("IOLTA") program under which pooled non-interest-bearing trust accounts are converted to interest-bearing accounts or new trust accounts are established with interest to be paid to the Legal Services Corporation of Virginia, a nonprofit charitable organization which provides funding for civil legal representation of the poor through local legal aid offices throughout Virginia.

(Check one)

_____ We presently have a non-interest-bearing client trust account, Acct. # _____, which we would like to have converted to an interest-bearing IOLTA checking account.

_____ We presently do not have a checking account for our nominal or short-term client trust funds but wish to establish an IOLTA checking account for those funds. The new Acct. # will be _____

(Information for financial institution.)

Interest on the average monthly balance in the account, or as otherwise computed in accordance with your standard accounting practice (net of any regular account maintenance charges and/or IOLTA transmittal fee) should be remitted on a monthly basis to the Legal Services Corporation of Virginia. Those remittances may be made by check via U.S. mail directly to Legal Services Corporation of Virginia's, (LSCV), or by ACH to our account, or as otherwise arranged by your institution and LSCV. **Please contact our IOLTA Coordinator below for account, routing and transit numbers if you are a new bank.**

With each remittance, please transmit a statement which includes the following information; (1) the name/account number from whose account the remittance is sent; (2) the period for which the remittance is made; (3) the total amount of interest earned; (4) the service charges or other fees assessed against the account, if any; and (5) the net amount of interest remitted.

Please utilize LSCV's tax ID number on IOLTA accounts. This also can be obtained by contacting our IOLTA Coordinator. Because LSCV is a Section 501(c)(3) charitable organization, IRS Form 1099 is not required. Inquiries from financial institutions concerning the IOLTA program or the mechanics of fund transfers may be directed to IOLTA Coordinator, Legal Services Corporation of Virginia, 919 E. Main Street, Suite 615, Richmond, Virginia 23219, TELEPHONE (804) 782-9438, FAX (804) 648-3917, E-Mail: Carolyn.lscv@mindspring.com. Thank you for your support of equal access to justice for all Virginians.

ATTORNEY SIGNATURE

Date

LEGAL SERVICES CORPORATION OF VIRGINIA

Date

*FINANCIAL INSTITUTION

Date

***The financial institution should return a executed copy of this form to LSCV at the above address.**

Rev: 5/11/16