

INTEREST ON LAWYERS TRUST ACCOUNTS OF LOUISIANA

**Rate/Product Adjustment Request Form
For Certified Eligible Financial Institutions**

*This form must be completed **prior** to any rate/product adjustment, signed by the Chief Executive Officer or other authorized officer and returned to the Louisiana Bar Foundation by mail or fax. Your Rate/Product Adjustment Request Form must be accompanied by the appropriate documentation as listed below.*

Adjustment Request:

____ Rate Adjustment (*Attach substantiating documentation, i.e. current rate sheet*)

Current Interest Rate _____ to Adjustment Rate _____

____ Product Adjustment (*Attach substantiating documentation, i.e. brochure on products*)

Current Product _____ to Adjustment Product _____

Declaration of the Financial Institution:

We have reviewed the Adjustment/Product Request Form above.

Name of financial institution: _____

Name of person executing the form: _____

Title: _____

Address: _____

Telephone: _____ E-mail: _____

Contact person (if different from above): _____

Title: _____

Address: _____

Telephone: _____ E-mail: _____

I certify that the above information is accurate.

Signature: _____ Date: _____

To be completed by IOLTA Compliance Staff only:

The above adjustment request on _____ rate or _____ product has been:

____ approved ____ declined ____ pending further documentation

Change is approved effective: _____

_____ Tina Ferrera, IOLTA Comp. Officer _____ Donna Cuneo, Executive Director

Mail, fax or email this form to Louisiana Bar Foundation 1615 Poydras St., Suite 1000 New Orleans, LA 70112
Tel: (504)561-1046 **Fax:** (504)566-1926 **Email:** tina@raisingthebar.org