

**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, Internal RATE SHEET on all deposit/investment accounts, Internal Deposit Accounts Rate Specification report, explanatory product literature and disclosures in support of the election in Option B, all documentation, and disclosures for business sweep products, if offered)

Current Interest Rate \_\_\_\_\_ to Adjustment Rate \_\_\_\_\_

       **Product Adjustment** (Attach substantiating documentation, Internal RATE SHEET on all deposit/investment accounts, Internal Deposit Accounts Rate Specification report, explanatory product literature and disclosures in support of the election in Option B, all documentation, and disclosures for business sweep products, if offered)

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: \_\_\_\_\_

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**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