INTEREST ON LAWYERS TRUST ACCOUNTS OF LOUISIANA

Rate/Product Adjustment Request Form For Certified Eligible Financial Institutions

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

Adjustment Request:

	ntiating documentation, Internal RATE SHEET on all depos	
	ation report, explanatory product literature and disclosures closures for business sweep products, if offered)	in support of the election
Current Interest Rate	to Adjustment Rate	
Internal Deposit Accounts Rate Specific	ostantiating documentation, Internal RATE SHEET on all de eation report, explanatory product literature and disclosures closures for business sweep products, if offered)	
Current Product	to Adjustment Product	
Declaration of the Financial Institutio	on: We have reviewed the Adjustment/Product Request Form	n above.
Name of financial institution:		
Name of person executing the form:		
Title:		
Address:		
Telephone:	E-mail:	
Contact person (if different from above):		
Title:		
	E-mail:	
I certify that the above information is accur	rate.	
Signature:	Date:	
To be completed by IOLTA Complian	nce Staff only:	
The above adjustment request on	rate or product has b	oeen:
approved	declined pending further doc	cumentation
Change is approved effective:		
	era, IOLTA Manager/Senior Accounting Specialist; tina@raisingt Sewell., ED/CEO; laura@raisingthebar.org	hebar.org