## INTEREST ON LAWYERS TRUST ACCOUNTS OF LOUISIANA

## **Rate/Product Adjustment Request Form**

This form must be completed prior to any rate/offering/product adjustment, signed by the Chief Executive Officer or other authorized officer, and returned to the Louisiana Bar Foundation by physical or electronic mail. This 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		
	ing documentation, Internal RATE SHEET on all deposit/investment accounts port, explanatory product literature and disclosures in support of the election for business sweep products, if offered)		
Current Product	to Adjustment Product		
<b>Declaration of the Financial Institution:</b> We have	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:			
	E-mail:		
I certify that the above information is accurate.			
Signature:	Date:		
To be completed by IOLTA Compliance Staff	fonly:		
The above adjustment request on: rate	or product has been:		
approve	ed declinedpending further documentation		
Change is approved effective:			
	TA Manager/Senior Accounting Specialist; <u>tina@raisingthebar.org</u>		