

2018 IOLTA REGISTRATION

Please note that annual IOLTA Registration is different from the Client Protection Fund and requires a separate response.

CHECK ALL APPLICABLE ITEMS:

- 1. I certify that I currently maintain the interest bearing IOLTA account(s) listed below in BOX 1. (If you have additional accounts to be designated as IOLTA see item 3.)
- 2. I certify that the combined average balance in the trust accounts listed in BOX 2 is **\$2,500** or less and understand that these accounts will **NOT** be converted to interest bearing IOLTA accounts. I further certify that I will notify the IOLTA Fund of the Bar of New Jersey at such time as the average combined balances of said accounts exceed **\$2,500** and/or I establish other non-interest bearing attorney trust accounts or subaccounts that are subject to Rule 1:28A.
- 3. I presently have an attorney trust account(s) which should now be converted to an IOLTA account and **I HAVE COMPLETED AND ENCLOSED A PARTICIPATION FORM.** [NOTE: This includes NEW accounts with balances over **\$2,500** or those formerly designated as Low-Balance accounts which now have an average balance of more than **\$2,500.**]
- 4. I certify that I do not have an attorney trust account containing nominal or short-term funds which is subject to the IOLTA requirement because I am not required to comply with R.1:21-6(a) and have so indicated on the Annual Attorney Registration Statement. I further certify that I will notify the IOLTA Fund of the Bar of New Jersey at such time as I establish a trust account which is subject to the IOLTA Rule.

FILL IN THE INFORMATION BELOW IF YOU CHECKED ITEMS 1 OR 2. IF YOU CHECKED ITEM 3 YOU MUST COMPLETE THE ENCLOSED PARTICIPATION FORM AND RETURN IT ALONG WITH THIS NOTICE.

| BOX 1: IOLTA TRUST ACCOUNTS | BOX 2: LOW-BALANCE ACCOUNTS (together less than \$2,500) |
|--|--|
| Account Number: _____ Financial Institution: _____ _____ | Account Number: _____ Financial Institution: _____ _____ |
| Account Number: _____ Financial Institution: _____ _____ | Account Number: _____ Financial Institution: _____ _____ |

If you have additional accounts, please attach a separate sheet. Indicate if the additional accounts are IOLTA accounts or Low-Balance Accounts.

INCLUDE A LIST OF ALL FIRM ATTORNEYS ADMITTED TO THE BAR OF NEW JERSEY.

PLEASE PRINT

Managing Partner or Authorized Attorney _____

Email Address _____

Firm Name & Mailing Address _____

_____ Telephone No. _____

Signature _____ Date _____

For further assistance call (732) 247-8222.

Complete and return this form by February 2, 2018 to:

IOLTA Fund of the Bar of New Jersey
 New Jersey Law Center
 One Constitution Square
 New Brunswick, NJ 08901-1520
www.ioltanj.org