

2019 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 _____	Firm Administrator _____ Email Address _____ Business Phone _____ Attorney <input type="checkbox"/> yes <input type="checkbox"/> no if yes, BAR# _____ BAR YEAR _____
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For further assistance call (732) 247-8222.

Complete and return this form by March 1, 2019 to:

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