



# PARTICIPATION FORM

(INSTRUCTIONS ON REVERSE SIDE)

**Instructions to Attorneys about Using this Form:** This form should be completed and returned to IOLTA. Do not send it to the bank. Use this form for NEW accounts that are expected to have an average balance over \$2,500 **or** for an EXISTING trust account that was formerly designated a Low-Balance account, but which is now eligible to be converted to an interest-bearing IOLTA account.

**TO:**

**FROM:**

\_\_\_\_\_  
FINANCIAL INSTITUTION

\_\_\_\_\_  
ATTORNEY FIRM

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Instructions to Financial Institution:**

\_\_\_\_\_  
FIRM CONTACT

\_\_\_\_\_  
PHONE

The account named below is my/the firm's general trust account. I/we shall participate in the Interest on Lawyer's Trust Accounts (IOLTA) Program established pursuant to New Jersey Court Rule 1:28-A. Please change the account identified below to an interest-bearing transaction account. Interest shall be paid by you directly to IOLTA. The effective date for use of this account shall be as soon as possible but no later than the first of the month following receipt of the form.

**FOR IRS REPORTING:**

1. Name the account: IOLTA/ \_\_\_\_\_  
(Attorney/firm name: include "Attorney Trust Account")
2. Trust Account Number \_\_\_\_\_
3. Enter IOLTA's T.I.N. #22-2878549
4. IOLTA's name shall not appear on checks or deposit slips.

\_\_\_\_\_  
Account signatory - (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return to: **The IOLTA Fund of the Bar of New Jersey**  
**New Jersey Law Center**  
**One Constitution Square**  
**New Brunswick, NJ 08901-1520**  
**(732) 247-8222**

*Your participation helps provide equal access to justice – thank you.*

**IF YOU ARE FILING ON BEHALF OF A FIRM, BE SURE TO INCLUDE A LIST OF FIRM ATTORNEYS ADMITTED TO THE BAR OF NEW JERSEY.**

**INSTRUCTIONS FOR COMPLETING THE PARTICIPATION FORM:**

1. If any account listed is used by more than one attorney, please attach a list (or firm letterhead, if appropriate) of each attorney who uses such account. In instances of shared law firm accounts where all IOLTA-eligible trust funds of attorneys in the firm are deposited in the account designated on the Participation Form, **ONLY ONE FORM NEED BE RETURNED PER FIRM** (and per account, if necessary), with the signature of the managing partner or other authorized attorney representative.
2. If you have more than one IOLTA-eligible account, please make copies of the Participation Form and complete a form for each account. This form is also available online at [www.ioltanj.org](http://www.ioltanj.org)
3. Rule 1:28-A directs The IOLTA Fund of the Bar of New Jersey to implement and administer the IOLTA program. Where appropriate, the IOLTA staff will transmit a copy of your form authorizing the IOLTA conversion to your financial institution.
4. Please be sure to SIGN the form.
5. You may wish to make and retain a copy of this form for your records. You must certify compliance with Rule 1:28-A on the Annual Attorney Registration Statement.
6. If you have other questions about IOLTA, please call the number listed below or visit us online at [www.ioltanj.org](http://www.ioltanj.org).

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