

North Carolina Interest on Lawyers' Trust Accounts Program
NC IOLTA
2025 FINANCIAL INSTITUTION COMPLIANCE STATEMENT

Financial Institution Name: _____

Declaration of the Financial Institution

Upon review of the rules governing the operation of NC IOLTA accounts at 27 NCAC 1D, Sections .1316 and .1317, the financial institution named herein will:

**I. Comply with the interest rate comparability provisions of Rule .1317 as follows:
(Please check and complete ONE selection from either A, B or C):**

- A. Pay a rate on IOLTA accounts equal to 0.65% *or* 65% of the Federal Funds Target Rate, *whichever is higher*, net of allowable reasonable fees as described in Rule .1317 as the Benchmark Rate. The Benchmark Rate of 2.93% can be used through June 30, 2025.
- B. Ensure the interest rate paid on IOLTA accounts is equal to the highest interest rate available to non-IOLTA depositors with similar eligibility requirements:
Proposed comparable product: _____
Current interest rate of: _____%

Attach an **internal rate sheet for all** bank deposit/investment products offered. Also provide any explanatory product literature, disclosures, or analysis in support of the selection. Include documentation and disclosures for any business sweep products, repurchase agreements, and/or money market mutual funds if offered to non-IOLTA customers. Please also include a deposit accounts specifications report (by whatever name it may exist) showing all interest rates paid within each product type for all of your interest-bearing products.

- C. Become a Prime Partner: See Prime Partner information sheet included for benefits.
Pay a rate on IOLTA accounts equal to 0.75% *or* 75% of the Federal Funds Target Rate, *whichever is higher*, net of allowable reasonable fees as described in Rule .1317.
The Prime Partner Rate of 3.38% can be used through June 30, 2025.

II. The proposed effective date will be: ____/____/____
Please note that the IOLTA office requires 30 days to review and respond to this request. If this is a change to an existing approval, no changes can take effect until the new compliance statement has been approved. To avoid delays, please provide all required information with your submission.

III. Service Charges (Please check one)

- A. Service Charges on NC IOLTA accounts are waived.

OR

- B. If service charges are not waived, the financial institution will comply with the allowable "reasonable" service charges provision of Rule .1316., assessing charges only at the rates and in accordance with the standard practice for the bank's non-IOLTA accounts. Attach a list of service charges and applicable disclosures for all deposit accounts.

IV. Reporting Institution Information

Name of financial institution: _____

Print name and title of person executing this form: _____

Name: _____ Title: _____

Telephone #: _____ e-mail: _____

Mailing Address: _____

Please also provide the contact information for the following:

Operations contact name: _____

Operations contact address: _____

Telephone #: _____ e-mail: _____

Compliance contact name: _____

Compliance contact address: _____

Telephone #: _____ e-mail: _____

I certify that the above information is accurate and complies with the rules governing the operation of NC IOLTA accounts pursuant to 27 NCAC 1D, Sections .1316 and .1317. I also certify that the bank has a branch in North Carolina, a trust account requirement pursuant to RPC 1.15-2.

I certify that the information and documentation submitted to NC IOLTA is inclusive of all deposit/investment products offered by the bank to non-IOLTA customers (whether categorized as consumer, business, or otherwise) including but not limited to any interest bearing deposit account, sweep product, repurchase agreement, money market mutual fund, government or municipal account and any and all rates paid to wealth management/private banking customers, whether or not such rates are published in any form.

Signature: _____

Date: _____

Please return this form and documentation by one of the options outlined below:

Secure email to iolta@ncbar.gov * Fax to 919-706-4432
Mail to Claire Mills, c/o NC IOLTA, PO Box 25996, Raleigh, NC 27611-5996

**Your institution's submitted NC IOLTA Compliance Statement
is not effective until approved and signed by NC IOLTA.**

Signature: _____ Date: _____

Print Name: _____ Title: _____

2025 NC IOLTA Compliance Statement Checklist

***Not required for banks electing Prime Partner or Benchmark Rates**

**Please return the checklist with your submitted
Compliance Statement along with all the required documentation**

Financial Institution Name: _____

Compliance Statement completed by:

Name: _____

Title: _____

Please confirm all materials are provided when submitting your Compliance Statement. Documentation requirements include ALL BANKING PRODUCTS offered regardless of type or eligibility for IOLTA. If your bank does not offer the products listed, please indicate that products are not offered to avoid further requests for documentation.

1. Required Materials:

- a. Internal rate sheet for all bank products Included _____
This includes business, consumer, personal, etc.
- b. Explanatory literature & disclosures Included _____
- c. Deposit account specifications report Included _____
This report should include the complete range of interest rates paid by the bank excluding personal account holder information. See sample report provided.
- d. Other business products defined:
 - i. Sweep accounts Included _____ None Offered _____
 - ii. Repurchase agreements Included _____ None Offered _____
 - iii. Money market / mutual funds Included _____ None Offered _____
- e. Service Charges
 - i. Waived (If yes, skip ii. and iii.) Yes _____ No _____
 - ii. Fee schedule & disclosures for IOLTA accts Included _____
 - iii. Standard fee schedule & disclosures (if different) Included _____

2. Please list the entity name as registered with the NC Secretary of State:
