## ATTORNEY'S NOTICE TO FINANCIAL INSTITUTION TO ESTABLISH INDIVIDUAL NON-IOLTA TRUST ACCOUNT

## ATTORNEY INFORMATION

OF YOUR CHOICE, (3) RETAIN A COP	Y OF THE EXECUTED F	FORM FOR YOUR OWN RECORDS. <b>N</b>	OTE: DO NOT USE FOR IOLTA ACCOUNTS.	
Firm Name:				
Attorney Name:				
Mailing Address:				_
City:	State:	Zip Code:	Telephone:	_
Account Title:				
• • •			count with subaccounts, guardianship,	
	the dishonored	check notification provision	g trust account within the meaning of Mass. R. as of said rule (e.g., accounts held as trustee,	
(Please [1] type or print and [	[2] sign)			
Authorized Signatories:				
	_			
FIN	IANCIAL	INSTITUTION	INFORMATION	
	2.1		NFORMATION" SECTION, (2) RETAIN THIS FORM WITH OTION OF THE PROPERTY OF THE PR	HER
Financial Institution Name: _				
City:	State:	Zip Code:	Telephone:	
Date Account Opened:		Account Num	ber:	
The above account is an inc	dividual (non-IOI	TA) interest-bearing trust	account within the meaning of Mass. R. Pi	rof.

C. 1.15 and is subject to the dishonored check notification provisions of said rule and to the financial institution's signed agreement with the Board of Bar Overseers to report dishonored checks.

By: \_\_\_\_\_\_(Financial Institution Representative)

## THIS FORM IS FOR USE WITH INDIVIDUAL TRUST ACCOUNTS ONLY.

FOR OTHER IOLTA ACCOUNT FORMS, PLEASE SEE: <a href="https://www.maiolta.org/for-attorneys">https://www.maiolta.org/for-attorneys</a>. OR CONTACT THE IOLTACOMMITTEE AT 617-723-9093.