



Oklahoma Bar Foundation
 PO Box 53036
 Oklahoma City, OK 73152
 405-416-7070

TO BE COMPLETED BY FINANCIAL INSTITUTIONS NOT ELECTING THE SAFE HARBOR INTEREST RATE OPTION

IOLTA Rate Comparability Survey

Please direct questions about this survey to:

Oklahoma Bar Foundation
 405-416-7070 or foundation@okbar.org

Bank Name: _____	Date: _____
Contact Person: _____	Title: _____
Mailing Address: _____	Phone: _____
City, State, Zip: _____	Fax: _____
Email: _____	Website: _____

Part I: IOLTA Accounts

This financial institution's IOLTA accounts are currently maintained as follows:

Product name: _____

Product type: _____

The following interest rates apply to IOLTA accounts maintaining the stated balances (for tiered rates) as of the date of this report:

Balance:	<input type="text" value="\$"/>	Rate (Apr):	<input type="text" value=""/>	Tier 1, or All Balances
Balance:	<input type="text" value="\$"/>	Rate (Apr):	<input type="text" value=""/>	Tier 2, if any
Balance:	<input type="text" value="\$"/>	Rate (Apr):	<input type="text" value=""/>	Tier 3, if any
Balance:	<input type="text" value="\$"/>	Rate (Apr):	<input type="text" value=""/>	Tier 4, if any
Balance:	<input type="text" value="\$"/>	Rate (Apr):	<input type="text" value=""/>	Tier 5, if any

Part II: Non-IOLTA Customer Accounts

This financial institution also offers the following deposit products and interest rates. The information below includes all available product options, indicating name and interest rate of product.

For tiered rates >>>>>								
Account Type	Account Name:	Rate (Apr)	Balance	Rate (Apr)	Balance	Rate (Apr)	Balance	Rate (Apr)
NOW:	<input type="text"/>	. %	\$. %	\$. %	\$. %
SuperNOW :	<input type="text"/>	. %	\$. %	\$. %	\$. %
Business NOW:	<input type="text"/>	. %	\$. %	\$. %	\$. %
Preferred Checking:	<input type="text"/>	. %	\$. %	\$. %	\$. %
Municipal Checking:	<input type="text"/>	. %	\$. %	\$. %	\$. %
Wealth Checking:	<input type="text"/>	. %	\$. %	\$. %	\$. %
Other Checking:	<input type="text"/>	. %	\$. %	\$. %	\$. %
Repurchase Agreement:	<input type="text"/>	. %	\$. %	\$. %	\$. %
Money Market Fund:	<input type="text"/>	. %	\$. %	\$. %	\$. %

Part III: Documentation Requirement

We have provided the following so that the Foundation can document our compliance with Oklahoma Rule of Professional Conduct 1.15:

1. All of the documentation requested on the IOLTA Financial Institution Certification Statement, Part II, is included in our submission.

PLEASE NOTE THE SUBMISSION OF THE ABOVE DOCUMENTATION IS A REQUIREMENT AND MUST BE PROVIDED TO VALIDATE YOUR FINANCIAL INSTITUTION'S COMPLIANCE WITH RULE 1.15.

Part V: Certifications

Authority:

The IOLTA (Interest On Lawyers Trust Accounts) Program was established by the Oklahoma Supreme Court and the responsibility for its administration was given to the Oklahoma Bar Foundation. The Foundation administers the IOLTA Program on behalf of the Court and is responsible for insuring compliance with Rule 1.15. Thank you for your assistance in certifying your institution's compliance with the revised Rule 1.15.

Certification:

I certify that the above statements and all documentation submitted under section III are true, complete and accurate.

Name: _____

Title: _____

Signature: _____

Date: _____

Please Return This Form and All Required Documentation by December 10, 2022, to the Oklahoma Bar Foundation using the email (preferred) or U.S. mail address at the top of this form.