I. Declaration of the Financial Institution

Upon reviewing Rule 19-411 (b)(1)(D), the financial institution shall (Please check and complete one of the following from A-C below):

A. ☐ Pay a “safe harbor” variable interest rate on high balance IOLTA accounts no less than 55% of the Federal Funds Target Rate, which is deemed to be net of all allowable reasonable fees, as described in section 19-411 (b)(1)(D) (ii) of the Rule.

B. ☐ Pay an interest rate with a yield equal to the highest non-promotional net yield available to non-IOLTA customers when the IOLTA account meets the same minimum balance or other eligibility requirements. Indicate below the name of the account/product and the comparable interest rate that shall be paid:
   Name of account/product: ________________________________
   ☐ The following flat interest rate has been determined to be comparable and shall be paid on all MD IOLTA accounts: _______%
   OR
   ☐ The following tiered interest rates have been determined to be comparable and shall be paid on all MD IOLTA accounts:

<table>
<thead>
<tr>
<th>Average Daily Balance Tier</th>
<th>Interest Rate</th>
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NOTE: See Documentation Requirement, below, for certification under this option.

C. ☐ Other (please describe or attach addendum):
   __________________________________________________________________________

   __________________________________________________________________________

Please review and/or complete all of the following (D-G):

D. Review our service charge policy to insure it complies with “allowable reasonable fees” as described in 19-411 (b)(1)(D)(iii) of the Rule.

E. The effective date of the changes above will be: _____/_____/_____

F. On a ☐ monthly or ☐ quarterly basis (please check one), net income from IOLTA accounts and a detailed remittance report will be issued to MLSC, in a form and manner directed by MLSC.

G. Financial Institution Name: ________________________________________________.
II. Documentation Requirement

Required for Certification: Please attach substantiating documentation for all financial institution deposit/investment products noted below. However, no further documentation is required for institutions choosing I.A above, the safe harbor interest rate, or if the financial institution chooses to become a member of the IOLTA Honor Roll (information enclosed).

- Internal rate sheet on ALL deposit/investment accounts.
- Explanatory product literature and disclosures in support of Part I, above.
- Any analysis or explanation in support of Part I above.
- All documentation and disclosures for business sweep products.

III. Reporting Institution

Name of financial institution: ________________________________________________

Name of person executing this form: ________________________________

Title: ________________________________

Contact Person (if different): __________________________________________

Address: ____________________________________________________________

Telephone: __________________________ Email: ____________________________

Fax: ___________________________ Web Address: __________________________

I certify that the above statements are true and accurate and that the information requested in sections I and II has been provided.

Signature: ____________________________________________________________

Date: ________________________________

Please mail, email, or fax this form to:

Maryland Legal Services Corporation
15 Charles Plaza, Suite 102
Baltimore, MD 21201
Attn: Financial Institution Compliance
Fax: (410) 385-1831
Phone: (410) 576-9494
Email: iolta@mlsc.org

Thank you. We will review your information and contact your institution if we require additional information or if further action on your part is required.