



State Bar of New Mexico
Interest on Lawyers
Trust Accounts

State Bar of New Mexico IOLTA Program Attorney Notice of Enrollment

Notice to Attorney:

1. Complete this notice;
2. Take the notice to an eligible financial institution;
3. After the account has been opened or converted, send a copy of this notice to the State Bar of New Mexico, and;
4. Retain a copy for your records.

I hereby enroll in the Interest on Lawyer Trust Account (IOLTA) program established by the New Mexico Supreme Court. Accordingly, I direct my financial institution to (1) open, if new; OR, (2) convert, if existing, my/my firm's pooled client trust account to an interest bearing IOLTA account in accordance with Rule 24-109 NMRA of the Rules Governing the State Bar of New Mexico.

Firm Name: _____

Attorney Name: _____

Mailing Address: _____

City/State/Zip: _____

E-Mail: _____

Telephone: _____ Fax: _____

Authorized Signature Law/Law Firm: _____

Additional Account Signer(s): _____

Account Name: _____

Account No: _____

(Attach additional sheets if necessary)

Notice to Financial Institution:

The IOLTA account must be established in the name of the attorney or law firm opening or convert-ing this account, with further designation indicating the fact that this is an IOLTA account. The Tax-payer Identification Number (TIN) must be that of the State Bar of New Mexico (85-0242641). The State Bar is a tax exempt organization and is exempt from backup withholding. No IRS form 1099 is required for IOLTA accounts opened under this program and a financial institution is not subject to penalty for a mismatched TIN when the payee is an exempt organization.

The establishment of interest bearing trust accounts by law firms, including professional corporations, under the IOLTA program has been approved by federal regulatory agencies. Interest as computed in accordance with the applicable disclosures for this account must be remitted monthly or quarterly to the State Bar of New Mexico, PO Box 92860, Albuquerque, NM 87199-2860.

If you wish to transmit interest electronically, please email iolta@sbnm.org for more information.

Financial Institution Name: _____

Address: _____

Telephone: _____

By (financial institution representative): _____

Date: _____

Please attach voided check or deposit slip here.