Delaware Bar Foundation 100 W 10th St #106 Wilmington, DE 19801 Phone: (302) 658-0773

TO BE COMPLETED BY BANKS NOT ELECTING THE 'SAFE HARBOR' RATE OPTION

## **IOLTA Rate Comparability Survey**

## Please contact the IOLTA Program with any questions about this survey at 302-658-0773 or MGreenberg @delawarebarfoundation.org

Contact F Mailing Ac	Person: Idress:			Title: Phone:				
City, State, Zip: Email:				Fax: Website:				
	A Accounts							
This bank'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:	\$		Rate (Apr):		%	Tier 1, or All Balances		
Balance:	\$		Rate (Apr):		%	Tier 2, if any		
Balance:	\$		Rate (Apr):		%	Tier 3, if any		
Balance:	\$		Rate (Apr):		%	Tier 4, if any		
Balance:	\$		Rate (Apr):		%	Tier 5, if any		
If fees are charged on IOLTA accounts, please list below (please describe type and amount of each fee):								
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## Part II: Non-IOLTA Customer Accounts

This financial institution also offers the following deposit products and interest rates. Please complete the information below for all that apply, 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:		. %	\$	. %	\$	. %	\$	. %
SuperNOW :		. %	\$	. %	\$	. %	\$	. %
Business NOW:		. %	\$	. %	\$	. %	\$	. %
Preferred Checking:		. %	\$	. %	\$	. %	\$	. %
Municipal Checking:		. %	\$	. %	\$	. %	\$	. %
Wealth Checking:		. %	\$	. %	\$	. %	\$	. %
Other Checking:		. %	\$	. %	\$	. %	\$	. %
Repurchase Agreement:		. %	\$	. %	\$	. %	\$	. %
Money Market Mutual Fund:		. %	\$	. %	\$	. %	\$	. %

Part III: Documentation Requirement

Please provide all of the documentation requested in Section III of the Financial Instutition Compliance Statement, so that we can document your compliance with Supreme Court Rule 1.15.

Part V: Certifications

PLEASE NOTE THE ABOVE DOCUMENTATION IS A REQUIREMENT AND MUST BE PROVIDED TO VALIDATE YOUR BANK'S COMPLIANCE.

Authority:			
maintains responsib	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>y</i> 1	ne Court of the State of Delaware; the Delaware Bar Foundation o be in compliance with Supreme Court Rule 1.15 will be
Certification:			
I certify that the abo	ove statements are true, complete and acc	curate, and that all docum	nentation requested in section III has been provided.
Name:		Title:	
Signature:		Date:	
	,	equired documentation nberg@delawarebarfo	on to the Delaware Bar Foundation foundation.org