

NOTE: This form template is for viewing only. To submit an affidavit and remit undistributable funds, visit <https://maiolta.org/for-attorneys/undistributable-iolta-funds>.

Affidavit to Remit to the Massachusetts IOLTA Committee Unidentified and Unclaimed Funds in IOLTA Account

\$500 or less in 12-month period

This Affidavit is for funds held in IOLTA accounts only (not other types of trust accounts) and is account specific. If funds are held in more than one IOLTA account, submit a separate Affidavit for each account.

Section 1

1. I am Attorney or *, the authorized agent of Attorney , and wish to remit to the IOLTA Committee from the IOLTA Account of Attorney , because [check all that apply]. Amounts below must match the total remitted.

- I am unable to determine the owner(s) of of these funds.
- I am unable to locate the owners(s) of of these funds.
- The owner(s) of of these funds can be located but the funds cannot be disbursed.

* Authorized signer on the IOLTA account or personal representative of an attorney's estate

Section 2

2. Including these funds, Attorney , or the authorized agent(s) of Attorney has/have transferred to the IOLTA Committee in the preceding twelve-month period.

Section 3

3. Attorney is/was licensed to practice in the Commonwealth of Massachusetts, BBO Number , and maintain(s)/maintained an IOLTA Account pursuant to the Massachusetts Rules of Professional Conduct and the IOLTA Guidelines as follows:

Name of IOLTA Account:

Account Number:

Confirm Account Number:

Routing Number:

Bank Name:

Bank Address1:



Bank Address2:

City:

State:

Zip Code:

Approximate date of account opening:

If account is closed, approximate date of closing:

Section 4

4. I discovered that these funds are unidentified in approximately and/or unclaimed in approximately . Since that time, despite reasonable and diligent efforts, I have been unable to identify the owner(s) of unidentified funds and/or locate the owner(s) of unclaimed funds and disburse the funds to the owner.

Section 5

5. For UNCLAIMED FUNDS : provide each owner's name, last known mailing address, date of birth, and amount belonging to that owner.

Please enter each owner's information below and click 'Add Owner' button to save the owner's information. Repeat the steps to add all of the owners:

First Name/Business Name of Owner:	<input type="text"/>	Country:	<input type="text" value="United States"/>
Last Name of Owner:	<input type="text"/>	Address1:	<input type="text"/>
Owner's Date of Birth:	<input type="text"/>	Address2:	<input type="text"/>
Amount Unclaimed(\$):	<input type="text"/>	City:	<input type="text"/>
Phone:	<input type="text"/>	State/Province:	<input type="text" value="Select"/>
Email:	<input type="text"/>	Zip/Postal Code:	<input type="text"/>

Add Owner

Note: Information from this paragraph will be published on a webpage maintained by the Board of Bar Overseers to allow the owner to reclaim his or her funds from the IOLTA Committee.

Section 6

6. I attest that this transfer complies with Massachusetts Rule of Professional Conduct 1.15 and the Comments to that Rule, including Comment 15 regarding the required reasonable and diligent efforts to identify or locate the owner(s) and remit the funds to the owner(s).

Section 7

7. I understand that pursuant to Massachusetts Rule of Professional Conduct 1.15(i)(5)(iii), if I identify or locate the owner of funds previously remitted to the IOLTA Committee or I am able to disburse to the rightful owner unclaimed funds previously remitted to the IOLTA Committee, I will notify the IOLTA Committee and the Board of Bar Overseers and make reasonable and diligent efforts to assist the owner in reclaiming the funds.

Section 8

8. I understand that the IOLTA Committee may, in its discretion, decline to accept some or all of these funds pending further efforts by me to distribute such funds to the rightful owner or owners, or for any other reason.

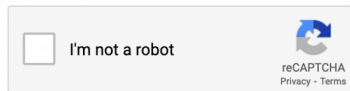
Electronic Signature & Submittal

SIGNED UNDER THE PENALTIES OF PERJURY

I certify under penalties of perjury that the foregoing statements are true to the best of my knowledge and belief.

Signature:

Please complete the CAPTCHA verification below. This helps us reduce SPAM submissions. Note: If you are using the audio CAPTCHA verification option, press "SPACE" to begin audio playback; press "R" to replay audio CAPTCHA; type in the numbers you hear and press the "Enter" key when done.



Submit
