

**Board of Overseers of the Bar**  
Change of Information and Replacement Card Request Form

Attorney Name: \_\_\_\_\_ Bar Number: \_\_\_\_\_  
First M. Last Suffix

**Section I. Change of Attorney Name**

Please change my name on record with the Board of Overseers of the Bar to the name listed below.  
*Note: Name change request shall be accompanied by a copy of the name change order, such as marriage license, divorce decree, court order, etc.*

New Name: \_\_\_\_\_  
First M. Last Suffix

**Section II. Change or Verification of Attorney Address**

Please  change or  verify my contact information as specified below.

**Office/Firm Contact Information**

**Residence Contact Information**

Office/Firm Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 County \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email Address \_\_\_\_\_

Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 County \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email Address \_\_\_\_\_

**Section III. Select Preferred Mailing Address**

My preferred mailing address is  Residence or  office.

**Section IV. Request for Replacement Card**

I am requesting a replacement card because:

- I have a change of name.  The card issued for the current fiscal year has been lost or destroyed.

I certify that the information I am providing on this form is true and accurate.

\_\_\_\_\_  
 Attorney Signature (Required) Date

# Annual IOLTA Trust Account Report

Maine Rules Of Professional Conduct 1.15 and Maine Bar Rule 6(a)(2)

**EVERY ATTORNEY MUST COMPLETE, SIGN AND RETURN THIS FORM**

Mr.    Ms.

\_\_\_\_\_  
Attorney's Name

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Firm or Agency Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Business Mailing Address

\_\_\_\_\_  
Email

**I report that:** \*Check the appropriate box, type or print in other information that may be needed, and then sign below\*

Pursuant to Maine Bar Rule 6(a)(2), I set forth below a current listing of all **Maine bank account number(s) and financial institution(s) of any pooled trust account(s) for me or my firm.** By the signature below, I direct the financial institution(s) listed below to automatically and without further documentation convert all eligible trust accounts, which are not yet in the IOLTA program, to interest bearing accounts with all interest payable to the Maine Bar Foundation. I authorize the financial institutions to disclose information relating to the existence of these accounts.

Because **I handle no client funds, I am exempt** from the provisions of Maine Rules Of Professional Conduct 1.15 and Maine Bar Rule (6)(a)(2).

Because **I practice outside the State of Maine and handle no Maine client funds, I am exempt** from the provisions of Maine Rules Of Professional Conduct 1.15 and Maine Bar Rule (6)(a)(2).

## Pooled Trust Accounts (IOLTA)

Name of Financial Institution and Branch

Name on Account

Account Number

<u>Name of Financial Institution and Branch</u>	<u>Name on Account</u>	<u>Account Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Continued on back**

I authorize the Board of Overseers of the Bar to forward copies of this report to the Maine Bar Foundation, the authorized administrator of the Maine IOLTA program.

**Attorney Name (Print Clearly):** \_\_\_\_\_ **Bar Number:** \_\_\_\_\_

**Attorney Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To be returned with Bar registration \* Please make a copy for your files**  
**This form can also be downloaded from our Web site: [www.mbf.org](http://www.mbf.org)**

