

IOWA REAL ESTATE COMMISSION  
1920 SE HULSIZER  
ANKENY, IOWA 50021-3941

**CONSENT TO EXAMINE AND AUDIT TRUST ACCOUNT**  
(with interest option filled in for the Iowa Association of REALTORS® Foundation)

\_\_\_\_\_  
(NAME OF SOLE PROPRIETOR, PARTNERSHIP, OR CORPORATION FILING THIS FORM)

having filed an application for a real estate broker license or being a holder of a broker license in compliance with Chapter 543B.46, Code of Iowa, 2003, does register with the Iowa Real Estate Commission as the depository in which applicant now maintains a real estate trust account in which the broker shall deposit all down payments, earnest money, rentals, or other trust funds received by said broker, or the broker associate or salesperson of said broker, on behalf of their principals or any other persons pending the consummation or termination of the transaction. The account is carried with said depository under the following account name and number:

\_\_\_\_\_, Iowa  
(NAME OF DEPOSITORY)\* (CITY)

\_\_\_\_\_  
TRUST ACCOUNT\*\*  
(EXACT NAME OF ACCOUNT ACCORDING TO DEPOSITORY RECORDS) (ACCOUNT NUMBER)

\_\_\_\_\_ does hereby covenant and agree to authorize  
(NAME OF SOLE PROPRIETOR, PARTNERSHIP OR CORPORATION FILING THIS FORM)

\_\_\_\_\_ to allow at any time any duly authorized representative  
(NAME OF DEPOSITORY)

of the Iowa Real Estate Commission to examine and audit the aforementioned trust account.

Executed at \_\_\_\_\_, \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(CITY) (STATE)

This account is:

- Interest bearing with interest to be transferred to treasurer of state.
- Interest bearing with interest to buyer and/or seller or property owner, or to the Iowa Association of REALTORS® Foundation, by written agreement of all parties.
- Non-interest bearing property management account.

\_\_\_\_\_  
(SIGNATURE OF LICENSED SOLE PROPRIETOR)

\_\_\_\_\_  
(SIGNATURE OF LICENSED OFFICER OR PARTNER)

\_\_\_\_\_  
(SIGNATURE OF LICENSED OFFICER OR PARTNER)

**CERTIFICATION OF DEPOSITORY**

The undersigned, a duly authorized official of said depository, on behalf of said depository, does hereby certify that the above applicant or licensee does maintain a real estate trust account as set forth above and agrees that said depository will allow a duly authorized representative of the Iowa Real Estate Commission to examine and audit the aforementioned real estate trust account upon demand.

Executed at \_\_\_\_\_, \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(CITY) (STATE)

(SEAL OF DEPOSITORY)

\_\_\_\_\_  
(NAME OF DEPOSITORY)

\_\_\_\_\_  
(SIGNATURE AND TITLE OF DEPOSITORY OFFICER)

\*TRUST ACCOUNT MUST BE IN IOWA BANK, SAVINGS & LOAN ASSOCIATION, SAVINGS BANK OR CREDIT UNION  
\*\*TRUST ACCOUNT MUST BE PART OF THE TITLE OF THE ACCOUNT