

AMEEN HOUSING CO-OPERATIVE OF CALIFORNIA, INC.
2084 Walsh Avenue, Ste: B1, Santa Clara CA 95050
Phone: 408-986-9786 Fax: 408-986-9787 Website: www.ameenhousing.com

Withdrawal Policy

1. **IN GENERAL, AMEEN HOUSING COOP HAS A POLICY OF ISSUING PAYMENT WITHIN 24 BUSINESS HOURS UPON RECEIPT OF A WRITTEN REQUEST FOR WITHDRAWAL OF MONEY FROM A MEMBER WITH SUFFICIENT FUNDS IN HIS/HER ACCOUNT.**
2. **HOWEVER, AMEEN HOUSING COOP INVESTS FUNDS PRIMARILY IN RESIDENTIAL HOMES. CONSEQUENTLY, WITHDRAWAL OF SUM OF MONEY GREATER THAN U\$10,000.00 MAY REQUIRE A LONGER WAITING PERIOD AS SPECIFIED IN THE AHC REGULATIONS.**
3. **USE THE ATTACHED “APPLICATION TO WITHDRAW FUNDS” TO AUTHORIZE WITHDRAWAL OF FUNDS FROM YOUR ACCOUNT.**
4. **For Custodial Membership Accounts, ONLY the parent or legal guardian who signed the original Application Form AND is an AHC member is authorized to withdraw funds.**
5. **If you withdraw funds from your account (even if your name is on “HOLD” on the AL) and the balance falls below the threshold, you could lose your position on the “Active List”.**
6. **Forms should be printed, completely filled out and duly signed. NO withdrawal applications are accepted via Internet or via Email.**
7. **If you need funds immediately, CALL the AHC office AND FAX COMPLETED form to number specified on the form.**
8. **Completed form should be delivered either in person or mailed to the address on the form.**

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APPLICATION TO WITHDRAW FUNDS

PLEASE TYPE OR PRINT:

DATE: _____

MEMBER'S NAME: _____ IS THE MEMBER A MINOR? _____

PARENT'S ____ OR LEGAL GUARDIAN'S ____ NAME (for a Custodial Membership): _____
Check either PARENT or GUARDIAN for a Custodial Membership *

ADDRESS: _____

PHONE: (home) _____ (work) _____ FAX: _____

EMAIL: (home) _____ (work) _____

MEMBER'S SOCIAL SECURITY NO.: _____ MEMBERSHIP NO.: _____

PARENT/ GUARDIAN'S SSN*: _____ PARENT/GUARDIAN'S MEMBERSHIP NO.*: _____

AMOUNT TO BE WITHDRAWN US\$: _____ CHECK HERE IF YOU NEED IT IMMEDIATELY: _____

WHEN NEEDED (IF NOT NEEDED IMMEDIATELY): _____

HOW TO SEND PAYMENT?(Circle One) **HOLD THE CHECK IN AHC OFFICE** or **MAIL CHECK TO ABOVE ADDRESS**

REASON(S) FOR WITHDRAWAL: _____

PLEASE NOTE:

1. If you withdraw funds from your account (even if your name is on "HOLD" on the AL) and the **balance falls below the threshold, you could lose your position on the "Active List"**.
2. For **Custodial Membership Accounts, ONLY** the parent or legal guardian who signed the original Application Form **AND** is an AHC member **is authorized** to withdraw funds.
3. This form should be printed, completely filled out and duly signed.
4. Withdrawal applications are **NOT** accepted via Internet or through e-mail.
5. **If you need funds immediately, CALL AHC office at 408-986-9786 AND FAX COMPLETED form to 408-986-9787.**
6. Completed form should be delivered either in person or mailed to the following address:

ATTN: AMEEN HOUSING COOP
2084 WALSH AVENUE, STE B1,
SANTA CLARA, CA 95050

I/WE HAVE READ THE REGULATIONS & BY-LAWS OF THE CO-OPERATIVE, I/WE UNDERSTAND THEM AND AGREE TO FULLY ABIDE BY THEM.

_____/_____/_____
Signature(s) of Member Date Signature of Spouse Date