



## AMEEN HOUSING CO-OPERATIVE OF CALIFORNIA, INC.

2072 Walsh Avenue, Suite B, Santa Clara CA 95050

Phone: 408-986-9786 Fax: 408-986-9787 Website: [www.ameenhousing.com](http://www.ameenhousing.com)

### Withdrawal Policy

1. In general, Ameen Housing Co-op (AHC) has a policy of issuing payment within **3 business days** upon receipt of a written request for withdrawal of funds.
2. Ameen Housing Co-op is primarily chartered to help Brother/Sisters buy their homes riba-free. So majority of the funds remain invested and therefore may delay the funds withdrawal in the amount greater than **US\$10,000**.
3. Use the attached “application to withdraw funds” to withdraw 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 minimum required, **you could lose your position on the “Active List”**. See Regulation for details.
6. Withdrawal applications are **NOT** accepted via Internet or via Email to *info@ameenhousing.com*.
7. Completely filled out and duly signed Form can be **Faxed: 408-986-9787** dropped off to the office in person or can be mailed to:

**AMEEN HOUSING CO-OP**

**2072 WALSH AVENUE, STE B, SANTA CLARA, CA 95050**



**AMEEN HOUSING CO-OPERATIVE OF CALIFORNIA, INC.**

2072 Walsh Avenue, Suite B, Santa Clara CA 95050  
Phone: 408-986-9786 Fax: 408-986-9787 Website: [www.ameenhousing.com](http://www.ameenhousing.com)

**APPLICATION TO WITHDRAW FUNDS**

➤ If there is any change in AHC records, please update fill out the Membership application form immediately.

PLEASE TYPE OR PRINT:

Withdrawal from  **Standard Membership (18+)**  **Custodial Membership (Minor)**  
*(Fill out section A & C)* *(Fill out Section B & C)*

**Section A**

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

DRIVERS LICENCE # \_\_\_\_\_ MEMBERSHIP NUMBER: \_\_\_\_\_

**Section B**

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

CUSTODIAL MEMBERSHIP NUMBER: \_\_\_\_\_

Please select:  PARENT'S  LEGAL GUARDIAN

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

DRIVERS LICENCE # \_\_\_\_\_ MEMBERSHIP NUMBER: \_\_\_\_\_

**Section C**

AMOUNT TO BE WITHDRAWN US\$: \_\_\_\_\_  
(Minimum \$2,000.00 is required to keep Adult Membership open and \$1,000.00 for Minor's Membership (Custodial Membership))

HOW TO SEND PAYMENT? (Check One):  HOLD THE CHECK IN AHC OFFICE  MAIL CHECK TO ADDRESS ON FILE

I/WE HAVE READ THE WITHDRAWAL POLICY, 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

WITHDRAWAL 033015