IDA WITHDRAWAL FORM: FOR PICK-UP ONLY

Citibank: 1303 South Mary Avenue Sunnyvale, CA 94087 (408) 739-4652

Name: _____ **Phone:** _____

Address: _____ **Account #** _____
(Client's Account)

Use of withdrawal (*please check only one box):*

Small Business

☐ Start-up or ☐ Expansion

☐ Home Purchase
(to be completed by home purchase withdrawal, only)

Are you a first time home buyer? YES_____NO____

Date you will start living at home: _____

My signature below is proof that I haven't owned a house in last three years.

☐ Education or training for me **☐ Education for my child** **☐ Retirement (*if applicable*)**

Please describe what you will be purchasing with your IDA:

_____

Make check payable to (*vendor name*): _____

In the amount of: $_____ **For pickup on (*date*): _____**

To be completed by Opportunity Fund Representative
Please withdraw the funds from the following accounts:

Account # _____ *$*_____
(Client's Account) *Amount*

*Account #*_____ *$*_____
(Opportunity Fund Match Account) *Amount*

By signing below, I (we) understand that a $15 fee will be charged for any Stop Payments if placed on a check due to 1) Changes regarding the purchase of the asset 2) Loss of check or 3)Changes made to a payee / amount. I understand that, if this withdrawal is approved, I must use the funds for the purpose stated above. We authorize Citibank to withdraw funds from the above IDA investor's IDA account and from the Opportunity Fund of Northern California match account and to prepare a cashier's check for the total amount, with the investor and Opportunity Fund of Northern California as joint purchasers.

_____ _____ **Is this your last withdrawal?** YES_____NO____
Client Signature **Date**

_____ _____ _____ _____
IDA Program Signature Date Opportunity Fund Authorized Signature Date

---

For IDA Saver Pickup (*sign at Citibank branch*)

My signature below is proof that I received the above requested funds. I understand that if the above purchase is not completed for any reason, I will return the check to Citibank and it will be redeposited into my IDA account and the matching funds account to be spent later on an approved use.

_____ _____
IDA Client Signature at Citibank Branch Date

For Citibank use only Processed by _____ Date Processed _____

Return to: FAX (408) 583.4233 OR IDA Program, Opportunity Fund 111 West St. John St., Suite 800 San Jose, CA 95113