

# MIDAS Collaborative Qualified Withdrawal Request Form

Investor please complete the following:

Name: \_\_\_\_\_

What is your primary IDA asset goal? \_\_\_\_\_ IDA Account #: \_\_\_\_\_

Please describe in detail what this Qualified IDA Withdrawal is for: \_\_\_\_\_  
\_\_\_\_\_

To whom should your purchase check be made out (the vendor selling the asset you are buying)?

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Total amount needed for purchase check: \$ \_\_\_\_\_

Please indicate how you would like to handle the check:

Picked up at Midas

Mailed to Community Partner for pickup

Mailed to vendor at the above address

Have you attached copies of your purchase documents? (i.e. invoices, work orders, tuition bills)?

Community Partner please complete the following:

Please indicate whether the investor has:

Completed the required financial fitness training:  Yes  No /Number of hours \_\_\_\_\_

Completed the required asset-specific training:  Yes  No /Number of hours \_\_\_\_\_

Met with Community Partner about their asset purchase:  Yes  No

Completed post-program questionnaire (final QW ONLY):  Yes  No

## For Midas Internal Use ONLY

Amount from investor matched savings account		\$ _____
Amount from reserve account	+	\$ _____
Total cost of asset purchase	=	\$ _____

## Certification and Authorization

My signature below certifies that all information provided on this withdrawal request form is accurate and complete to the best of my knowledge. As an investor in the MIDAS Collaborative, I authorize MIDAS to request a check, made payable to the party listed above, drawn in part from my IDA savings account in the amount listed above.

Investor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Community Partner Signature: \_\_\_\_\_ Date: \_\_\_\_\_