



FAMILY ASSETS FOR
INDEPENDENCE
IN MINNESOTA

FAIM Program

Certificate for Withdrawal of Excess Savings - NOT CLOSING the FAIM Account

Date: _____

_____ has requested a withdrawal of
excess savings from his/her FAIM savings account _____.

- The account holder is granted a one-time withdrawal from his/her FAIM savings account **of funds saved in excess of \$**_____
- The account holder is NOT withdrawing from the FAIM program.
- This withdrawal will NOT close his/her FAIM savings account.

Local FAIM Agency: _____

Local FAIM Coach: _____

Coach Phone: _____

Coach Email: _____

FAIM Coach Physical Signature

Date

FAIM Account Holder Physical Signature

Date

FAIM Coach

- **Keep a copy of the signed form in the local file**
- **Send a copy of signed/dated form to FAIM Admin for the state file.**
- **Give the original to the client to take to Bremer Bank to make the withdrawal.**