



CFAL
HOLIDAY SAVINGS CHALLENGE

START WITH \$25
END WITH MORE THAN \$1,200
 in time for **CHRISTMAS 2019**

	MONTHLY CONTRIBUTION*	SAVINGS WITH 3% INTEREST
Jan 2019	\$100.00	\$103.00
Feb 2019	\$100.00	\$205.74
Mar 2019	\$125.00	\$333.86
Apr 2019	\$100.00	\$436.06
May 2019	\$100.00	\$538.00
Jun 2019	\$125.00	\$665.06
Jul 2019	\$100.00	\$766.44
Aug 2019	\$125.00	\$892.80
Sep 2019	\$100.00	\$996.94
Oct 2019	\$100.00	\$1,097.48
Nov 2019	\$125.00	\$1,218.48

- ✓ **Automatic Payout on December 6, 2019*****
- ✓ **Salary Deduction or Direct Deposit**
- ✓ **Weekly Savings Deposit**
- ✓ **Participants are eligible to enter a \$1,000 Christmas Bonus Drawing on December 2, 2019****

Contact us at 502-7010 or savingschallenge@cfal.com to start your 2019 off right!

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*\$25.00 weekly contribution; based on the number of weeks in the month.
 **Must be consistent in making all payments up to November 29, 2019.
 ***No early withdrawals allowed.



HOLIDAY SAVINGS CHALLENGE FAQ's

Q: ***Can I give more than the monthly contribution?***

A: No. The challenge requires weekly contributions of \$25.00, or monthly contributions of \$100.00 for a 4-week month or \$125.00 for a 5-week month period (see flyer for schedule). If you are interested in an option other than the challenge, a CFAL representative can discuss other investment options available to you such as the CFAL Savings Express Program or the CFAL Family of Funds.

Q: ***Do you accept cash?***

A: Cash contributions are not allowed. Contributions can be paid via salary deduction, direct deposit, or pre-authorized cheque plan.

Q: ***What documents do I need to participate in the Holiday Savings Challenge?***

A: Passport, NIB card and a current Proof of Address (recent utility bill or voters card).

Q: ***When is the deadline to submit the application form?***

A: The program begins January 4, 2019, so the absolute deadline to submit the application form is January 3, 2019. All initial payments must be made by January 4, 2019 and thereafter on Mondays.

Q: ***What happens if I miss a month's contribution?***

A: If you miss one or more payments, you will only receive credit for the monies that you have contributed to the program. As well, you will not be eligible to enter the \$1,000.00 Christmas bonus drawing on December 2, 2019.

Q: ***What happens if I decide I no longer wish to participate in the Holiday Savings Challenge?***

A: If you no longer wish to participate in the Holiday Savings Challenge, the funds deposited will remain in the program until December 6, 2019. On this date, you will receive only the monies that you have contributed, plus the interest earned.

Q: ***How often am I required to make contributions?***

A: Contributions are made monthly (\$100/\$125) on the first Monday of each month or weekly (\$25) every Monday.

Q: ***Is there an option for the savings to rollover into the next year rather than receiving the December 6, 2019 payout?***

A: There is no rollover option. All funds will be paid out on December 6, 2019.

Q: ***Who do I contact if I have questions and concerns?***

A: Please contact Claudia Thompson or Patranelle Johnson at 502-7010 or via email at savingschallenge@cfal.com.



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CFAL Holiday Savings Challenge

Third Floor
308 East Bay Street
Nassau, The Bahamas
Tel: (242) 502-7010
Fax: (242) 393-4639
Email: savingschallenge@cfal.com



APPLICATION FORM

Name

Address

Date of Birth

Telephone

P.O. Box Email

Nationality

PAYMENT

Contribution Frequency Weekly Monthly

Contribution Method Cheque Direct Deposit Pre-Authorized Cheque Plan

Payment Method at the end of the CFAL Holiday Savings Challenge Cheque Direct Deposit

If Direct Deposit indicate banking information

Bank _____ Branch _____ Account No. _____

CFAL DIRECT DEPOSIT BANKING INFORMATION

Bank Name: FirstCaribbean International Bank
Bank Code: 010
Branch Code: 09706 (Main Branch, Shirley St.)
Account Name: CFAL Savings Express
Account Number: 201617189
Reference: Client Name/ Details
(Must indicate your name and CFAL Holiday Savings)

Bank Name: Royal Bank of Canada
Branch Code: 05625 (Main Branch)
Account Name: CFAL Direct Payment
Account Number: 288-122-5
Reference: Client Name/ Details
(Must indicate your name and CFAL Holiday Savings)

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Email: savingschallenge@cfal.com



DECLARATION

By signing this application the investor acknowledges and confirms that I:

- Am 18 years of age or older (otherwise applications must be made in the name of parent/guardian and signed by parent/guardian).
- Agree to be bound by the provisions of the CFAL Holiday Savings Challenge and the General Terms and Conditions of Colina Financial Advisors Limited (CFAL). CFAL reserves the right to refuse applications at its discretion.
- Am a Bahamian citizen or Permanent Resident with the unrestricted right to work in the Bahamas and am eligible to invest in the CFAL Holiday Savings Challenge.

Signature _____

DAY	MONTH	YEAR

- Please attach:
- Certified copy of Passport Residency Card / Work Permit (if applicable) NIB Card
- Certified copy of Proof of Address (Utility Bill Bank Statement or Voters Card)

BENEFICIARY DESIGNATION

I, the undersigned, appoint the below beneficiary and authorize all monies from my investment in the CFAL Holiday Savings Challenge to be made payable to my beneficiary upon my death.

Indicate Status of the Beneficiary Designation Revocable Irrevocable

Name of Beneficiary

Relationship to Investor

Contingent Beneficiary(ies)

Relationship to Investor

Signature _____

DAY	MONTH	YEAR