



# HOLIDAY SAVINGS CHALLENGE



**START WITH \$25**  
**END WITH MORE THAN \$1,200**  
**in time for CHRISTMAS 2020**

	MONTHLY CONTRIBUTION*	SAVINGS WITH 3% INTEREST
Jan 2020	\$125.00	\$125.16
Feb 2020	\$100.00	\$225.56
Mar 2020	\$100.00	\$326.22
Apr 2020	\$100.00	\$427.13
May 2020	\$125.00	\$553.62
Jun 2020	\$100.00	\$655.10
Jul 2020	\$125.00	\$782.31
Aug 2020	\$100.00	\$884.36
Sep 2020	\$100.00	\$986.67
Oct 2020	\$125.00	\$1,114.91
Nov 2020	\$100.00	<b>\$1,218.00</b>

- ✓ Registration for 2020 opens December 9, 2019
- ✓ Automatic Payout on December 11, 2020
- ✓ Weekly or Monthly Savings Deposits
- ✓ Participants are eligible to enter a \$1,000 Christmas Bonus Drawing on December 4, 2020\*\*

Contact us at 502-7010 or [savingschallenge@cfal.com](mailto:savingschallenge@cfal.com) to start your 2020 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 27, 2020.



# 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 or direct deposit.

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 December 9, 2019, and the absolute deadline to submit the application form is January 10, 2020. All initial payments must be made by January 10, 2020 and thereafter on Fridays.

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 money 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 4, 2020.

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 11, 2020. On this date, you will receive only the money 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 Friday of each month or weekly (\$25) every Friday.

Q: ***Is there an option for the savings to rollover into the next year rather than receiving the December 11, 2020 payout?***

A: There is no rollover option. All funds will be paid out on December 11, 2020.

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

A: Please contact Claudia Thompson, Christina Sands, Charlestina Bowles, or Richard Pinder at 502-7010 or via email at [savingschallenge@cfal.com](mailto: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

Sex  Male  Female

## PAYMENT

Contribution Frequency  Weekly  Monthly

Contribution Method  Cheque  Direct Deposit

## CFAL DIRECT DEPOSIT BANKING INFORMATION

Bank Name:	FirstCaribbean International Bank	Bank Name:	Royal Bank of Canada
Bank Code:	010	Branch Code:	05625 (Main Branch)
Branch Code:	09706 (Main Branch, Shirley St.)	Account Name:	CFAL Direct Payment
Account Name:	CFAL Re: Holiday Savings	Account Number:	288-122-5
Account Number:	201727189	Reference:	Client Name/ Details
Reference:	Client Name/ Details		(Must indicate your name and CFAL Holiday Savings)

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

If Direct Deposit indicate banking information

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Account No. \_\_\_\_\_

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## 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