



HOLIDAY SAVINGS CHALLENGE



START WITH \$25
END WITH MORE THAN \$1,200
in time for CHRISTMAS 2021

	MONTHLY CONTRIBUTION*	SAVINGS WITH 3% INTEREST
Jan 2021	\$125.00	\$125.16
Feb 2021	\$100.00	\$225.56
Mar 2021	\$100.00	\$326.22
Apr 2021	\$125.00	\$452.40
May 2021	\$100.00	\$553.62
Jun 2021	\$100.00	\$655.10
Jul 2021	\$125.00	\$782.31
Aug 2021	\$100.00	\$884.36
Sep 2021	\$100.00	\$986.67
Oct 2021	\$125.00	\$1,114.91
Nov 2021	\$100.00	\$1,218.80

- ✓ Registration for 2021 is open from December 15, 2020 - January 15, 2021
- ✓ Automatic Payout on December 10, 2021
- ✓ Weekly or Monthly Savings Deposits
- ✓ Participants are eligible to enter a \$1,000 Christmas Bonus Drawing on December 13, 2021**

Contact us at 502-7010 or savingschallenge@cfal.com to start your 2021 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 26, 2021.



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 on-line transfer.

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

Q: Passport, NIB card, Driver's License 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 15, 2020, and the absolute deadline to submit the application form is January 15, 2021. All initial payments must be made by January 15, 2021 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 13, 2021.

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 10, 2021. 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 10, 2021 payout?***

A: There is no rollover option. All funds will be paid out on December 10, 2021.

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

A: Please contact Claudia Thompson, Christina Sands, Sasha Bain, or Richard Pinder 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

P.O. Box

Telephone

Date of Birth

DAY	MONTH	YEAR

 Email

Nationality

PASSPORT NUMBER									

NIB NUMBER									

Sex Male Female

CONTRIBUTION FREQUENCY Weekly Monthly

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)

B3K? 7@F 67F3;>E 3F F: 77@6 A8F: 7
: A>63K E3H@9E 5: 3>>7@97

Name on Account:

Address associated with Account:

Bank Name:

Branch/Transit Number:

Swift:

Bank Account Number

(Name on bank account must match name of the account holder)

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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: Copy of Passport Copy of Driver's License NIB Card
 Copy of Proof of Address (Utility Bill/ Bank Statement/ 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