

403(b)(7) Custodial Account

NEW ACCOUNT APPLICATION

1 Account Registration

Employee

i FOR ASSISTANCE with this form, call Shareholder Services at (800) 662-0201, or the Timothy Plan at (800) 846-7526.

YOUR EMPLOYER MUST HAVE A WRITTEN PLAN IN PLACE PRIOR TO FILLING OUT THIS APPLICATION.

NAME (First, Initial, Last) _____ GENDER: Male Female _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE NUMBER _____ SOCIAL SECURITY NUMBER _____ EMAIL (optional) _____

U.S. CITIZENSHIP STATUS:
 CITIZEN
 RESIDENT ALIEN
 NONRESIDENT ALIEN

Employer

! WARNING: If this plan is subject to ERISA under 404(c), or your employer has elected to participate in a 403(b)(9) plan, please consult your tax lawyer, CPA, or other financial professional before establishing this account.

COMPANY NAME _____ CONTACT PERSON'S NAME (First, Last) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE NUMBER _____ TAXPAYER ID NUMBER or SSN _____

Your Beneficiaries

! WARNING. If you do not name beneficiaries, your account will be paid out to your estate, and probably be subject to probate.

! SPOUSAL CONSENT: If you live in a marital or community property state, and your spouse is not the sole primary beneficiary, your spouse must sign the Spousal Consent under Item 6 of this form.

I designate the following (as indicated):

PRIMARY BENEFICIARY(IES), to receive the percentage indicated of my 403(b)(7) Account in the event of my death.

CONTINGENT BENEFICIARY(IES), to receive the percentage indicated of my Custodial Account in the event of the death of my primary beneficiary(ies).

After your death, the 403(b)(7) assets will be distributed in equal shares (unless indicated otherwise) to the primary beneficiaries who survive you. You may revoke or change the beneficiary designation at any time by completing a Change of Beneficiary Form and providing it to the Custodian.

+ TRUSTS: To name a trust as your beneficiary, attach to this form either a copy of the pertinent pages of the trust agreement or a certification, in writing, acceptable to the 403(b)(7) Custodian.

i PERCENTAGES: All stated percentages must be whole percentages (e.g., 33%, not 33.3%). If the percentages do not add up to 100%, each beneficiary's share will be based proportionately on the stated percentages.

1.	<input type="radio"/> PER STIRPES	_____	_____	_____	_____ %
BENEFICIARY NAME	TYPE: <input type="radio"/> Primary <input type="radio"/> Contingent	DATE OF BIRTH	RELATIONSHIP	PERCENTAGE	
ADDRESS _____		TAXPAYER ID NUMBER or SSN _____			
2.	<input type="radio"/> PER STIRPES	_____	_____	_____	_____ %
BENEFICIARY NAME	TYPE: <input type="radio"/> Primary <input type="radio"/> Contingent	DATE OF BIRTH	RELATIONSHIP	PERCENTAGE	
ADDRESS _____		TAXPAYER ID NUMBER or SSN _____			
3.	<input type="radio"/> PER STIRPES	_____	_____	_____	_____ %
BENEFICIARY NAME	TYPE: <input type="radio"/> Primary <input type="radio"/> Contingent	DATE OF BIRTH	RELATIONSHIP	PERCENTAGE	
ADDRESS _____		TAXPAYER ID NUMBER or SSN _____			
4.	<input type="radio"/> PER STIRPES	_____	_____	_____	_____ %
BENEFICIARY NAME	TYPE: <input type="radio"/> Primary <input type="radio"/> Contingent	DATE OF BIRTH	RELATIONSHIP	PERCENTAGE	
ADDRESS _____		TAXPAYER ID NUMBER or SSN _____			

PER STIRPES: IF YOU WANT THE CHILDREN OF A BENEFICIARY YOU LISTED TO INHERIT THAT BENEFICIARY'S SHARE (IF THAT BENEFICIARY PREDECEASES YOU), CHECK THE PER STIRPES BOX(ES) ABOVE. THIS WILL OVERRIDE ANY SELECTIONS BELOW.

IF YOU DID NOT SELECT PER STIRPES, SELECT THE FOLLOWING THAT ACCURATELY REFLECTS YOUR WISHES FOR THOSE WHO ARE NOT DESIGNATED PER STIRPES. YOU MAY ALSO ATTACH A SEPARATE DESIGNATION DULY SIGNED, DATED AND WITNESSED.

- The share of a primary beneficiary who predeceases me** shall go to the primary beneficiary(ies) who survive me in the ratio that each such surviving primary beneficiary's(ies') percentage bears to the total percentage of all surviving primary beneficiary(ies).
- The share of a primary beneficiary who predeceases me** shall go to the contingent beneficiary(ies) who survive me in the ratio that each such surviving contingent beneficiary's(ies') percentage bears to the total percentage of all surviving contingent beneficiary(ies).

Type of Account

Please select the type of account you desire:

- Traditional 403(b) Roth 403(b)

A 403(b)(7) Custodial Account

NEW ACCOUNT APPLICATION

2 Contribution Information

Source of Funds

+ SPECIAL INSTRUCTIONS:
DIRECT TRANSFER: Complete and attach a 403(b)(7) Transfer form.
ROLLOVER: Complete and attach a 403(b)(7) Direct Rollover form.
SIMPLE: May not be rolled-over to a 403(b)(7) until two years have elapsed from your initial participation in your employer-sponsored SIMPLE IRA plan.

Employer
(Employee salary deferral contributions will be forthcoming from my employer.)
 SOURCE:
 403(b)(7)

Direct Transfer
 SOURCE:
 403(b)(7)
 403(b)(9)

Rollover
 SOURCE:
 Traditional IRA
 SEP IRA
 SIMPLE IRA
 Employer-Sponsored Plan
(e.g., 401(a), 401(k), 403(b)(7), governmental 457(b))

Group Plan

Yes. This account will be part of a group plan. _____
EMPLOYER NAME PLAN NUMBER

Reduced Sales Charge

Class A & C shares combined.

! \$750,000 BREAKPOINT: This selection is only applicable for Fixed Income and High Yield Bond Funds.

LETTER OF INTENT: Please be advised that over the course of the next thirteen months, I intend to purchase a cumulative amount of the Timothy Plan family of funds equal to or in excess of:

\$50,000 \$100,000 \$250,000 \$500,000 \$750,000 Over \$1 million

If you intend to invest a certain amount over a 13 month period, you may be entitled to reduced sales charges on Class A share purchases. If the amount indicated is not invested within 13 months, regular sales charge rates will apply to shares purchased and any difference in the sales charge owed versus the sales charge previously paid will be deducted from escrowed shares. Please refer to the prospectus for terms and conditions.

RIGHT OF ACCUMULATION: The following accounts, if any, are related and should be included in my aggregate purchases to be calculated when assessing my reduced sales load.

1. _____ 2. _____ 3. _____ 4. _____

Net Asset Value (NAV)

! FOR ADVISOR/FUND USE ONLY.

This account is eligible for NAV purchases. *(Both sections must be selected to be processed.)*

I certify that **this account** is eligible for this option according to the terms set forth in the fund prospectus.

3 Investment Selection

Your Fund Choices

If no share class is indicated, a Class A share account will be established.

! TO PURCHASE CLASS I SHARES: You must be working with a Registered Investment Advisor.

FUND NAME(S)	CLASS	ALLOCATION	FUND NAME(S)	CLASS	ALLOCATION
1. _____	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> I	\$ _____ %	4. _____	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> I	\$ _____ %
2. _____	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> I	\$ _____ %	5. _____	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> I	\$ _____ %
3. _____	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> I	\$ _____ %	6. _____	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> I	\$ _____ %

4 Payment Method

Payment Method

You can open your account using any of these methods. Please check your choice.

+ DIRECT TRANSFERS: Complete and attach the 403(b)(7) Request for Transfer or Rollover Form.

Check *(Please make check payable to the Timothy Plan.)*
 Bank Wire *(For instructions, please contact the Transfer Agent toll free at 1-800-662-0201.)*
 Employer *(Contributions will be forthcoming from my employer.)*
 Other _____

5 Account Service Options

Duplicate Statement

IF APPLICABLE.

NAME _____

YES. Please send a duplicate statement to:

MAILING ADDRESS _____

Distribution Plan

To establish a Distribution Plan (to receive payments to you from this account), please complete the Distribution Request Form (F) and mail it to Constellation Trust Company (to the address on the form) or call **(800) 662-0201**.

Telephone Transaction Privileges

If bank information is provided above, you may elect the convenience of Telephone Purchases. Whether you provide bank information or not, if you elect to do so, you may exchange and/or redeem by telephone.

NO, I DO NOT WANT THE FOLLOWING PRIVILEGES:

Telephone Purchase. Telephone Exchange. Telephone Redemption.

6 Acknowledgement

Your Signature

WARNING: This application will not be processed unless signed by the 403(b)(7) Owner.

NOTE: The Fund Custodian, Constellation Trust Company, charges \$25.00 per account number in connection with plan establishment and maintenance, of which, \$5.00 is remitted to the fund underwriter, Timothy Partners, Ltd.

By signing this 403(b)(7) Custodial Account Application, I certify that the information I have provided is true, correct, and complete, and the Custodian may rely on what I have provided. In addition, I have received and read copies of this 403(b)(7) Custodial Application and the 403(b)(7) Custodial Account Agreement. I agree to be bound to their terms and conditions. I understand that I am responsible for the 403(b)(7) transactions I conduct, and I will indemnify and hold the Custodian harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

SIGNATURE OF OWNER

DATE

I am exempt from the Foreign Account Tax Compliant Act. The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

USA Patriot Act Notice

IMPORTANT INFORMATION

Under the USA Patriot Act, Federal law requires all financial institutions (including mutual funds) to obtain, verify, and record information that identifies each person who opens an account. The information you provide is used exclusively as required under the Patriot Act and to provide the services you have requested.

WHAT THIS MEANS FOR YOU:

When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or completing a transaction on behalf of a legal entity that will own the account. We must return your application if any of this information is missing. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs. If you have any questions regarding this application, please call **(800) 662-0201**.

Spousal Consent

Complete this section only if you, the 403(b)(7) owner, have your legal residence in a community or marital property state and you wish to name a beneficiary other than or in addition to your spouse as primary beneficiary. This section may have important tax consequences to you and your spouse so please consult with a competent advisor prior to completing. If not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions.

NOTARY IS REQUIRED.

CONSENT OF SPOUSE

By signing below, I acknowledge that I am the spouse of the 403(b)(7) owner and agree with and consent to my spouse's designation of a primary beneficiary other than, or in addition to, me. I understand that with my consent I transfer my community property interest in this 403(b)(7) to my spouse as his or her separate property. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Custodian has not provided me any legal or tax advice.

SIGNATURE OF SPOUSE

DATE

THE ABOVE CONSENT WAS SIGNED AND ACKNOWLEDGED BEFORE ME ON THIS

____ day of _____, 20____.

My commission expires: _____

SIGNATURE OF NOTARY PUBLIC

Acceptance by Custodian

CUSTODIAN USE ONLY.

The undersigned, as Custodian under the Plan, accepts the above Account and acknowledges receipt and acceptance of the Beneficiary Designation. Accepted by:

CONSTELLATION TRUST COMPANY

DATE

7 For Dealer Use Only

Your Financial Representative

IF APPLICABLE.

BROKER/DEALER NAME

BRANCH NUMBER

BRANCH ADDRESS

REPRESENTATIVE'S NAME

PRODUCER NUMBER

PHONE NUMBER

8 Mailing Your Application

Return Completed Form

USE YOUR PREFERRED MAILING METHOD.

REGULAR DELIVERY:

Timothy Plan
c/o Ultimus Fund Solutions, LLC
Post Office Box 541150, Omaha, NE 68154

OVERNIGHT DELIVERY:

Timothy Plan
c/o Ultimus Fund Solutions, LLC
4221 N 203rd St, Ste 100, Elkhorn, NE 68022

Phone | (800) 662-0201
Local | (402) 493-4603
Fax | (402) 963-9094