

Non-Retirement Accounts

TRANSFER ON DEATH (TOD) REGISTRATION

1 Account Registration

State of Residence

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

- This form can only be used for accounts that are established as either Individual or Joint Tenants With Right of Survivorship.
- Because this form has important tax and/or legal consequences, you are encouraged to consult your financial or legal adviser before completing it. You should periodically re-view and, if necessary, update this form.

I acknowledge that this account is being established under the Uniform Transfer on Death Security Registration Act ("TOD Act") of the state of residence indicated below, or, if my state of residence has not adopted the uniform TOD Act, I understand that this account will be established under the Florida TOD Act. Furthermore, I acknowledge that, upon my death, should there be a conflict with applicable state law, the account will be administered in accordance with the terms of this document.

NAME (S) <small>(as shown on your statement if an existing account)</small>		TYPE: <input type="radio"/> New Account <input type="radio"/> Existing Account	STATE OF RESIDENCE
ADDRESS			
CITY	STATE	ZIP	U.S. CITIZENSHIP STATUS:
DAYTIME PHONE NUMBER	TIMOTHY PLAN ACCOUNT NUMBER <small>(if established)</small>	TAXPAYER ID NUMBER OR SSN	<input type="radio"/> Citizen <input type="radio"/> Resident Alien <input type="radio"/> Nonresident Alien

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 2 of this form.

I designate the following (as indicated):

PRIMARY BENEFICIARY(IES), to receive the percentage indicated of my 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).

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 Custodian.

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. When a percentage is not indicated, the beneficiaries' shares will be divided equally.

I revoke all previous designations and direct that my Timothy Plan account be distributed upon my death to the designated beneficiary(ies) below.

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).

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Acknowledgment

Your Signature

WARNING. This application will not be processed unless signed by the Account Owner(s).

SIGNATURE GUARANTEE: A Signature Guarantee Medallion Stamp is required to modify an existing account. You may have your signature guaranteed by a commercial bank, savings bank, credit union, a trust company or a member of a national securities exchange. An acceptable signature must contain the words "signature guaranteed" and the institution's name. It is not required for new accounts.

By signing below, you revoke any prior beneficiary designation for the account referenced above, and designate the beneficiary named in Section 1. Reserving the right to revoke or change this beneficiary designation by written notice, you acknowledge the designation is effective upon receipt by Timothy Plan ("TP"). TP is not responsible for determining the tax consequences of this designation nor has TP provided any advice with respect to legal effect of the TOD registration. You agree that TP or any of its affiliates, officers, directors or employees will not be liable for any loss, expense or cost for acting upon instructions you provided in connection with the transfer upon your death of the balance in the account referenced to the beneficiary listed in Section 1.

SIGNATURE OF PRIMARY ACCOUNT OWNER

DATE

SIGNATURE OF JOINT ACCOUNT OWNER

DATE

Spousal Consent

Complete this section only if you, the IRA 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 you are not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions. If this is an Inherited IRA, seek competent legal/tax advice to see if spousal consent is required.

NOTARY IS REQUIRED.

CONSENT OF SPOUSE

By signing below, I acknowledge that I am the spouse of this account Owner and agree with and consent to my spouse's designation of a primary beneficiary other than, or in addition to, me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent.

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

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Guidelines

IMPORTANT INFORMATION

1. The Transfer on Death (TOD) registration format can only be used for (1) sole owner accounts for natural persons, and (2) natural persons holding the shares as joint owners with rights of survivorship (i.e., JT WROS). TOD registration is not available for non-natural persons (e.g., corporations, trusts, associations), tenants in common or community property registrations.
2. The beneficiary on TOD registration can be a natural person or other entity such as a trust, corporation or guardianship.
3. If more than one beneficiary is designated on the TOD Account, upon the death of the last surviving account owner(s) the surviving beneficiaries will be considered to own a proportionate share of the account.
4. Custodians under The Uniform Transfers to Minors Act are permitted beneficiaries in TOD registration. Custodians under the Uniform Gifts to Minors Act are not permitted beneficiaries in a TOD registration (because the UGMA only applies to gifts made during the lifetime of the account owner). No designation such as Lineal Descendants or Lineal Descendants Per Stirpes are permitted. Until the account owner(s) die(s), the named beneficiary has no rights in the shares in the TOD account and no instructions can be accepted from, or information provided to, such beneficiary.
5. If all beneficiaries fail to survive the account owner, the account will be treated as belonging to the owner's estate. If the beneficiaries survive the owner but are not alive at the time of the shares are presented for transfer, the shares become part of the beneficiary's estate.
6. The owner(s) of the account may change or revoke the TOD registration with clear written instructions to Timothy Plan c/o Ultimus Fund Solutions, Post Office Box 541150, Omaha, NE 68154.
7. The surviving owner(s) must provide the Fund and its transfer agent with evidence of the death of the deceased co-owner (certified death certificate) and inheritance tax waivers and/or affidavits of domicile of the deceased co-owner, if applicable.

NEITHER THE FUND NOR ITS TRANSFER AGENT ARE RESPONSIBLE FOR DETERMINING THE TAX AND LEGAL CONSEQUENCES TO YOU CONCERNING YOUR DECISION TO REGISTER YOUR FUND SHARES IN TOD FORM. NEITHER THE FUND NOR ITS TRANSFER AGENT SHALL BE RESPONSIBLE TO A DESIGNATED TOD BENEFICIARY FOR DIVIDENDS OR DISTRIBUTIONS IN RESPECT OF SHARES REGISTERED IN TOD FORM PAID AFTER THE OWNER'S DEATH BUT BEFORE THE TRANSFER OF SUCH SHARES TO THE DESIGNATED BENEFICIARY.

FUTURE CHANGES IN THESE GUIDELINES.

These guidelines are subject to change by the Fund and its transfer agent in response to changes in TOD statutes as adopted in several states and in the Securities Transfer Association's TOD Rules.

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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