Non-Retirement Account

NEW ACCOUNT APPLICATION

☐ Check here if amendment.

1 Account Registration

Individual / Joint Account

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

REGISTRATION TYPE:

JTWROS - Joint Tenancy With Rights of Survivorship

TBE - Tenancy by the Entirety

TIC - Tenancy in Common

UNDER AGE 18: Complete and attach the Special Request Form E, Account for Minors Indemnification.

NOT TO BE USED FOR INDIVIDUAL RETIREMENT ACCOUNTS.

NAME *(First, Initial, Last)* **GENDER:** ❍ *Male* ❍ *Female* | **DATE OF BIRTH** | **TAXPAYER ID NUMBER** or **SSN**

JOINT NAME **REGISTRATION TYPE:** ❍ *JTWROS* ❍ *TBE* ❍ *TIC* | **DATE OF BIRTH** | **TAXPAYER ID NUMBER** or **SSN**

ADDRESS

CITY | **STATE** | **ZIP**

DAYTIME PHONE NUMBER | **EMAIL** *(optional)*

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

Gifts/Transfers To A Minor (UGMA/UTMA)

MINOR'S NAME *(First, Initial, Last)* | **DATE OF BIRTH** | **MINOR'S TAX ID** or **SSN**

ADDRESS | **CITY** | **STATE** | **ZIP**

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

DAYTIME PHONE NUMBER | **EMAIL** *(optional)*

CUSTODIAN'S NAME *(First, Initial, Last)* | **DATE OF BIRTH** | **CUSTODIAN'S TAX ID** or **SSN**

ADDRESS | **CITY** | **STATE** | **ZIP**

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

DAYTIME PHONE NUMBER | **EMAIL** *(optional)*

Trust or Business Account

NOTE: Please list all individuals who will have authority to open and/or transact business for this account on behalf of the legal entity in whose name this account will be registered. Please also enclose documents supporting: (A) existence of legal entity (e.g., a photocopy of the title, signature, and appropriate pages of the trust document, articles of incorporation, business license, partnership agreement); and (B) authority of each individual authorized to transact business on this account (e.g., corporate resolution, partnership certificate, trustee(s)).

WARNING: If you complete this section without providing the classification, per IRS regulations, we must default to an S Corporation.

CORPORATIONS OR OTHER ENTITIES (Include a copy of one of the following documents: registered articles of incorporation, government-issued business license, partnership papers, plan documents or other official documentation that verifies the entity and lists the authorized individuals. Failure to provide this documentation may result in a delay in processing your application.)

NAME OF: ❍ **TRUST** ❍ **PARTNERSHIP** ❍ **C. CORPORATION** ❍ **S. CORPORATION** ❍ **PARTNERSHIP** ❍ **GOV. ENTITY** *(check one)* | **ENTITY'S TAX ID**

ADDRESS | **CITY** | **STATE** | **ZIP**

DAYTIME PHONE NUMBER | **EMAIL** *(optional)* | **DATE OF TRUST** *(if applicable)*

TRUSTEE'S NAME or **AUTHORIZED SIGNER** | **DATE OF BIRTH** | **TRUSTEE'S TAX ID** or **SSN**

ADDRESS *(if different than above)* | **CITY** | **STATE** | **ZIP**

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

DAYTIME PHONE NUMBER | **EMAIL** *(optional)*

CO-TRUSTEE'S NAME or **CO-AUTHORIZED SIGNER** *(if applicable)* | **DATE OF BIRTH** | **CO-TRUSTEE'S TAX ID** or **SSN**

ADDRESS *(if different than above)* | **CITY** | **STATE** | **ZIP**

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

DAYTIME PHONE NUMBER | **EMAIL** *(optional)*

A Non-Retirement Account

NEW ACCOUNT APPLICATION

Transfer on Death (TOD)

If you wish to designate beneficiary(ies) of this account in the event of your death, please list them below. If you want the children of a beneficiary you list to inherit that beneficiary's share (if that beneficiary predeceases you), check the box *Per Stirpes*. If you want the deceased beneficiary's share to be distributed to the other beneficiaries you list, please check the box *Pro Rata*.

______________________________ ❍ **Pro Rata** *to the survivors* ❍ **Per Stirpes** ______ %
TOD BENEFICIARY'S NAME *(First, Initial, Last)*

______________________________ ❍ **Pro Rata** *to the survivors* ❍ **Per Stirpes** ______ %
TOD BENEFICIARY'S NAME *(First, Initial, Last)*

______________________________ ❍ **Pro Rata** *to the survivors* ❍ **Per Stirpes** ______ %
TOD BENEFICIARY'S NAME *(First, Initial, Last)*

2 Contribution Information

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 Payment Method

Payment Method

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

☐ **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.)*
☐ **Automatic Investment Plan** *(Available for Class A shares only. Complete Section 5. No money is enclosed.)*
☐ **Direct Transfer**
☐ **Other** ____

4 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	
1.	A C I	$	%
2.	A C I	$	%
3.	A C I	$	%
4.	A C I	$	%
5.	A C I	$	%

Dividend & Capital Gains Distribution

All dividends and capital gains will be reinvested in additional shares of the same fund and class if you do not make a selection.

*You may only reinvest distributions in the same class of shares.

A. DIVIDENDS: ❍ **Reinvest.** ❍ **Paid in cash.** ❍ **Direct to my Timothy Plan account***: ______________
B. CAPITAL GAINS: ❍ **Reinvest.** ❍ **Paid in cash.** ❍ **Direct to my Timothy Plan account***: ______________

If you choose to have any dividends and capital gains paid in cash, please check one of the options below. If you do not make a selection, we will send them to you, by check, at your current mailing address.

❍ **Send dividends and capital gains to my bank account.** *(Complete Section 5, Bank Information.)*

5 Account Service Options

Automatic Investment Plan

NOTE: If you are opening a new fund account and signing up for the Automatic Investment Plan, you must include a minimum initial investment of $50 with this application.

AVAILABLE FOR CLASS A SHARES ONLY.

*The bank account designated must have check or draft writing privileges. Complete Bank Information above.

I AUTHORIZE THE FUND'S AGENT TO DRAW CHECKS OR INITIATE AUTOMATIC CLEARING HOUSE (ACH) DEBITS AGAINST THE BANK ACCOUNT* ON THE ATTACHED VOIDED CHECK.

1. Amount *(minimum $50 per account, per month or equivalent)*: $____________
2. Frequency *(choose one)*:
   - ❍ **Semi-Monthly**
   - ❍ **Semi-Annually**
   - ❍ **Monthly**
   - ❍ **Annually**
   - ❍ **Quarterly**
3. Day in which deposit should begin *(or the first business day thereafter, if a holiday or weekend)*: ____________
4. Month in which deposit should begin: ____________

Bank Information

*The bank account designated must have check or draft writing privileges.

CHECKING OR SAVINGS ACCOUNT INFORMATION*

NAME OF BANK ____________ BANK'S PHONE NUMBER ____________ ABA ROUTING NUMBER ____________

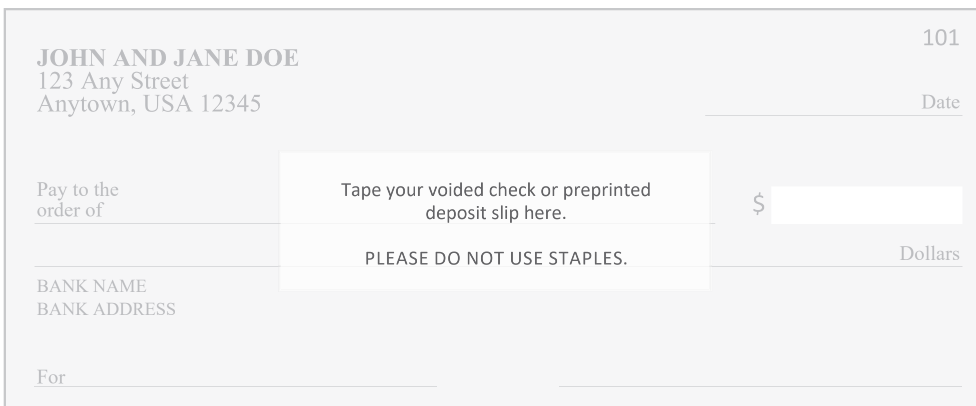
BANK ADDRESS ____________

CITY ____________ STATE ____________ ZIP ____________

NAME (S) ON BANK ACCOUNT ____________ BANK ACCOUNT NUMBER ____________

ACCOUNT TYPE:
❍ CHECKING
❍ SAVINGS

NO CHECKS? If you do not have a check or preprinted deposit slip for this account, please contact your savings account provider for wiring instructions, or call **(800) 662-0201**.



Tape your voided check or preprinted deposit slip here.

PLEASE DO NOT USE STAPLES.

Systematic Withdrawal Plan

NOTE: A minimum account balance of $10,000 is required.

*Complete Bank Information above.

I authorize the fund's Agent to deposit checks into my bank account* from my account established by this application.

1. Amount *(minimum $100 per account, per month or equivalent)*: $____________
2. Frequency *(choose one)*: ❍ **Monthly** ❍ **Quarterly** ❍ **Semi-Annually** ❍ **Annually**
3. Withdrawals are processed on the 25th of the appropriate month.
4. Month in which deposit should begin: ____________

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.**

Government/Payroll Direct Deposit

☐ **Yes, I Want to establish a Government/Payroll Direct Deposit.**

Please indicate if you are establishing an account for this purpose. For additional information regarding the automatic deposit of your government or payroll check, please call us at **(800) 662-0201**.

6 Acknowledgement

Your Signature

WARNING. This application cannot be processed unless signed below by the Responsible Individual(s).

UNDER AGE 18: A parent or guardian must sign attach a completed Special Request Form E, Account for Minors Indemnification.

I (we) have received and read the current prospectus for the funds I (we) have selected for investment. I (we) agree that any shares purchased now or later will be subject to the terms of the funds' prospectus in effect from time to time. I (we) certify under penalties of perjury: 1) that the Social Security or Taxpayer ID Number provided here is correct and, 2) that unless the circle below is checked, I (we) am (are) not subject to tax withholding because a) I (we) have not been notified by the Internal Revenue Service that I (we) am (are) subject to such withholding because of a failure to report all interest or dividends, or b) the Internal Revenue Service has notified me that I (we) am (are) no longer subject to backup withholding.

❍ **I (we) am (are) subject to backup withholding.**

I (we) agree that neither the fund nor its agents will be liable for any loss, expense, or cost arising out of any telephone request made pursuant to the features and services selected above, including any fraudulent or unauthorized request and that I, as the account holder, will bear the risk of loss, so long as the fund or its agents reasonably believe that the telephonic instructions are genuine based upon reasonable verification procedures. The verification procedures include recording instructions, requiring certain identifying information before acting upon instructions and sending written confirmations. I (we) certify that I (we) have the power and authority to establish this account and establish the features and services requested and that the authorizations hereon shall continue until the funds receive written notice of a modification signed by all appropriate parties or a termination signed by all parties. All terms shall be binding upon heirs, representatives and assigns.

SIGNATURE OF OWNER ____________________ DATE __________

SIGNATURE OF JOINT 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, the Board of Trustees of the Trust has approved procedures designed to prevent and detect attempts to launder money. The information you provide us 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**.

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