



Retirement & Non-Retirement Accounts

ACCOUNT CHANGE FORM

1 Account Registration

Individual & Joint Accounts

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

FORM USE:
Use this form to add or change account preference and options on your existing mutual fund account.
Complete separate forms for accounts that are not identically registered.
Mailed or faxed forms are excepted unless a Medallion Signature Guarantee stamp is required then mail the original form.

OWNER'S NAME (S) <i>(as shown on your statement if an existing account)</i>		DATE OF BIRTH
ADDRESS <i>(physical address)</i>		
CITY	STATE	ZIP
DAYTIME PHONE NUMBER		
JOINT OWNER'S NAME (S) <i>(as shown on your statement if an existing account)</i>		DATE OF BIRTH
ADDRESS <i>(physical address)</i>		
CITY	STATE	ZIP
DAYTIME PHONE NUMBER		

Fund Information

Please indicate the Fund(s) you would like to update.

FUND NAME(S)	CLASS	ACCOUNT NUMBER
1. _____	ACI	_____
2. _____	ACI	_____
3. _____	ACI	_____
4. _____	ACI	_____

2 Address Update

Address Update

ADDRESS	CITY	STATE	ZIP
NOTE: If you are using a P.O. Box for a mailing address you must also include your physical street address.			

ADDRESS <i>(if different than above)</i>	CITY	STATE	ZIP
NEW PHONE NUMBER	UPDATED EMAIL <i>(optional)</i>		



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3 Account Service Options

Bank Information

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

WARNING. Redemptions to a newly added or updated bank account will require the request to come in writing with a Medallion Signature Guarantee.

REQUEST TYPE:

- Add bank information.
- Update bank information.

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.

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

BANK ADDRESS _____

NAME (S) ON BANK ACCOUNT _____ BANK ACCOUNT NUMBER _____ ACCOUNT TYPE:
 CHECKING
 SAVINGS

JOHN AND JANE DOE 101
 123 Any Street
 Anytown, USA 12345 Date _____

Pay to the order of _____ \$ _____ Dollars

Tape your voided check or preprinted deposit slip here.

PLEASE DO NOT USE STAPLES.

BANK NAME _____
 BANK ADDRESS _____

For _____

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.

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 Bank Information above.)

4 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.

I authorize the Fund and its agents to act upon instructions (by phone, in writing, on-line or by other means) believed to be genuine and in accordance with procedures described in the prospectus for this account or any account into which exchanges are made. I agree that neither the Funds nor the transfer agent will be liable for any loss, cost or expenses for acting on such instructions, provided the Fund employs reasonable procedures to confirm that instructions communicated are genuine.

By signing and including bank information, I authorize credits/debits to/from the bank account referenced in conjunction with the account option(s) selected. I agree that Ultimus Fund Solutions shall be fully protected in honoring any such transaction. I also agree that Ultimus Fund Solutions may make additional attempts to debit/credit my account if the initial attempt fails and I will be liable for any associated costs. All account options elected will become part of the account application and the terms, representations and conditions thereof.

SIGNATURE OF PRIMARY ACCOUNT OWNER _____

DATE _____

SIGNATURE OF JOINT ACCOUNT OWNER _____

DATE _____

5 Mailing Your Request

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