



T H E
TIMOTHY
P L A N.

1 Account Registration

Designated Beneficiary

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

BENEFICIARY'S NAME (First, Initial, Last)		DATE OF BIRTH	TAXPAYER ID NUMBER or SSN
ADDRESS			
CITY	STATE	ZIP	
DAYTIME PHONE NUMBER	EMAIL (optional)	TIMOTHY PLAN ACCOUNT NUMBER	

Responsible Individual

As established for this Designated Beneficiary account.

RESPONSIBLE INDIVIDUAL'S NAME (First, Initial, Last)	<input type="radio"/> Parent <input type="radio"/> Guardian <input type="radio"/> Other
DAYTIME PHONE NUMBER	EMAIL (optional)

2 Designation of Death Beneficiary

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 the designated beneficiary lives in a marital or community property state, and the designated beneficiary's spouse is not named as primary beneficiary, the spouse may be required to sign the Spousal Consent under Item 3 of this form. See your tax professional for advice.

I designate the following (as indicated):

PRIMARY BENEFICIARY(IES), to receive the percentage indicated of the CESA in the event of the death of the designated beneficiary.

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

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

At the time of the death of the Designated Beneficiary named in Section 1, the primary death beneficiaries named below will receive the CESA assets. If all of the primary beneficiaries die before the Designated Beneficiary, the contingent death beneficiaries named below will receive the CESA assets. In the event a beneficiary dies before the Designated Beneficiary, such beneficiary share will be reallocated on a pro-rata basis to the other beneficiaries that share the deceased beneficiary classification as a primary or contingent beneficiary. If all of the beneficiaries die before the Designated Beneficiary, the CESA assets will be paid to the Designated Beneficiary's estate. If no percentages are assigned to beneficiaries, the beneficiaries will share equally. If the percentage total for each beneficiary classification type does not equal 100 percent, any remaining percentage will be divided equally among the beneficiaries within such class. This designation revokes and supercedes all earlier death beneficiary designations which may apply to this CESA.

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

PLEASE MAKE SURE THAT THE WORDING OF THIS DESIGNATION ACCURATELY REFLECTS YOUR WISHES. IN LIEU OF USING THIS DESIGNATION YOU MAY 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).

3 Acknowledgement

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 certify that the information provided on this form is accurate and complete. I hereby agree to the terms and conditions set forth in Sections 2 and 3. I agree that I am responsible for any claims that may arise as a result of my selections. I understand that the CESA agreement, disclosure statement, and amendments thereto, may provide me with additional guidance. I agree that the custodian/trustee cannot give me legal advice. I agree to seek the guidance of a tax or legal professional with regard to this decision. I release the custodian/trustee from and indemnify the custodian/trustee for all claims that may arise from my actions related to this form.

SIGNATURE OF PARTICIPANT (if over age 18)

DATE

Spousal Consent

Complete this section only if you, the designated beneficiary, 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

- The Designated Beneficiary is Married.** I understand that if I designate a primary death beneficiary other than the Designated Beneficiary's spouse, such spouse must consent by signing below.
- The Designated Beneficiary is Not Married.** I understand that if the Designated Beneficiary marries in the future, a new Designations of Beneficiary form, which includes the spousal consent documentation, must be completed.

I am the spouse of the CESA designated beneficiary. Because of the significant consequences associated with giving up my interest in the CESA, I agree to seek tax or legal advice. The custodian/trustee has not provided me with legal advice. I acknowledge that I have received a fair and reasonable disclosure of the CESA designated beneficiary's assets or property and any financial obligations for my community property state. In CESA and consent to the beneficiary designation set forth in Section 2 of this form.

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

4 Guidelines

Purpose. The Coverdell Education Savings Account (CESA) Designation or Change of Death Beneficiary Form is designed to assist you in selecting or changing the current death beneficiary designation of the CESA. This form may not be used to assign or change the designated beneficiary of a CESA.

Additional Documents. Applicable law or policies of the CESA custodian/trustee with regard to federal, state, or local law may require additional documentation. In the event you want to name additional primary or contingent death beneficiaries, the custodian/trustee may allow you to attach additional beneficiary designations in a format acceptable to the custodian/trustee.

For Additional Guidance. It is in your best interest to seek the guidance of a tax or legal professional before completing this document because of the potentially significant financial and estate planning consequences. Your first reference should be the CESA agreement and disclosure statement issued upon establishing the CESA or amendments provided by the custodian/trustee. For more information, refer to Internal Revenue Service (IRS) Publication 970-Tax Benefits for Higher Education, your local IRS office, or the IRS's web site at www.irs.gov.

Terms. A general understanding of the following terms may be helpful in completing your transactions.

Primary Death Beneficiary. A primary death beneficiary is the recipient of CESA funds upon the death of the CESA designated beneficiary.

Contingent Death Beneficiary. A contingent death beneficiary is a secondary beneficiary who is the recipient of CESA funds if all primary beneficiaries predecease a CESA designated beneficiary.

Spousal Consent. Community and marital property states may require the consent of the designated beneficiary's spouse in certain situations where a beneficiary other than spouse is named as a primary death beneficiary.

Responsible Individual. The responsible individual is generally the parent or legal guardian of the designated beneficiary but, in some circumstances, may be the designated beneficiary or another individual. The responsible individual has the power to direct the custodian/trustee concerning administration, management, investment, movement, and distribution of the account. Refer to the CESA agreement, disclosure statement, or amendments thereto for specific guidance on the responsible individual's role and responsibilities.

Contributor. The contributor may be any individual or entity, including a corporation or tax-exempt organization, which may establish and contribute to a CESA on behalf of a designated beneficiary. A contributor may be the responsible individual if he/she is the parent or legal guardian of the

designated beneficiary. A designated beneficiary may act as a contributor to his/her own CESA. A contributor may have the amount of his/her eligible contribution reduced if his/her income exceeds certain levels. There is no restriction on the number of CESAs that a contributor may contribute to.

Qualified Designated Beneficiary. A qualified designated beneficiary is a family member of an existing designated beneficiary. In addition to the spouse of the designated beneficiary, members of the designated beneficiary's family are defined under Internal Revenue Code (IRC) Sections 529(e)(2) and 152(a) respectively as:

- a son or daughter, or a descendant of either
- a stepson or stepdaughter
- a brother, sister, stepbrother, or stepsister
- the father or mother, or an ancestor of either
- a stepfather or stepmother
- a son or daughter of a brother or sister
- a brother or sister of the father or mother
- a son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law
- the spouse of any individual described above
- first cousin of the designated beneficiary

6 Mailing Your Application

RETURN THIS FORM BY MAIL TO:

The Timothy Plan
c/o Gemini Fund Services, LLC
4020 S 147th Street, Suite 2
Omaha, NE 68137

Tollfree | (800) 662-0201
Telephone | (402) 493-4603
Facsimile | (402) 963-9094