



# 1 Account Registration

## About the Account Owner

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

COMPLETE AS NAME(S) APPEAR ON ACCOUNT STATEMENT.

NAME (First, Initial, Last) \_\_\_\_\_ TAXPAYER ID NUMBER or SSN \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME PHONE NUMBER \_\_\_\_\_ TIMOTHY PLAN ACCOUNT NUMBER (if established) \_\_\_\_\_

PLAN TYPE: (SELECT ONE)

- Traditional IRA
- Rollover IRA
- Roth IRA (must have a Roth IRA Application)
- SEP-IRA
- SIMPLE
- Inherited (Beneficiary) IRA

## 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 IRA 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. 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.	BENEFICIARY NAME _____	TYPE: <input type="radio"/> Primary <input type="radio"/> Contingent	DATE OF BIRTH _____	RELATIONSHIP _____	%
	ADDRESS _____				TAXPAYER ID NUMBER or SSN _____
2.	BENEFICIARY NAME _____	TYPE: <input type="radio"/> Primary <input type="radio"/> Contingent	DATE OF BIRTH _____	RELATIONSHIP _____	%
	ADDRESS _____				TAXPAYER ID NUMBER or SSN _____
3.	BENEFICIARY NAME _____	TYPE: <input type="radio"/> Primary <input type="radio"/> Contingent	DATE OF BIRTH _____	RELATIONSHIP _____	%
	ADDRESS _____				TAXPAYER ID NUMBER or SSN _____
4.	BENEFICIARY NAME _____	TYPE: <input type="radio"/> Primary <input type="radio"/> Contingent	DATE OF BIRTH _____	RELATIONSHIP _____	%
	ADDRESS _____				TAXPAYER ID NUMBER or SSN _____
5.	BENEFICIARY NAME _____	TYPE: <input type="radio"/> Primary <input type="radio"/> Contingent	DATE OF BIRTH _____	RELATIONSHIP _____	%
	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).
- If any beneficiary survives me but fails to survive transfer of his or her entire share, then the remaining portion of such beneficiary's share shall be transferred.

## 2 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.

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.

There are numerous situations that may affect your beneficiary designation such as the death of a beneficiary, divorce, birth or adoption of a child or beneficiary name change. You may wish to notify your designated beneficiary(ies) that he/she is the beneficiary of your Account(s).

**ACCEPTANCE BY THE FUND** - The Fund's acceptance of the beneficiary designations set forth herein is effective when the Form is submitted in proper form and accepted by the Fund prior to your death. Acceptance by the Fund shall relate back and take effect at the time the Form was received. However, the Fund's acceptance of the direction for a shareholder who marries after the acceptance of this Form is not valid without spousal consent.

**ACCEPTANCE OF BENEFICIARY DESIGNATIONS** - You may designate as a beneficiary a trustee of an express trust whether presently existing or to be established on your death. You may designate as a beneficiary a custodian under the Uniform Transfers to Minors Act or similar law of a state for the account of a beneficiary who is a minor at the time this Form is signed. Transfers to custodians under a Uniform Gifts to Minors Act are not permitted. There may be other beneficiary accounts you are able to name as your beneficiary.

Please consult the Rules before completing this form. If you need additional assistance, please call our customer service representatives at (800) 662-0201.

\_\_\_\_\_  
SIGNATURE OF PRIMARY 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.

Before signing, carefully read the Rules, as they will be binding upon you, your heirs, representatives, successors and assigns. It is recommended that you seek the advice of an attorney with respect to the legal consequences of signing this direction. Neither Timothy Partners, Ltd. nor any Fund or any agent or affiliate thereof is responsible for determining the legal and tax consequences to you and your successors.

\_\_\_\_\_  
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

## 3 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