

T H E
TIMOTHY
P L A N.

1 Account Information

Participant / Owner Information

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

+ NEW ACCOUNTS: Complete and attach the Traditional/SEP New Account Form.

NAME (First, Initial, Last) _____ GENDER: MALE FEMALE _____ DATE OF BIRTH _____
 ADDRESS _____ CITY, _____ STATE _____ ZIP _____
 DAYTIME PHONE NUMBER _____ TAXPAYER ID NUMBER or SSN _____ TIMOTHY PLAN ACCOUNT NUMBER (if any) _____

2 Account to be Transferred

Current Custodian / Financial Institution

+ ATTACH a copy of your recent account statement from your present Custodian.

NAME FINANCIAL INSTITUTION (Trustee, Custodian or Employer) _____ ACCOUNT NUMBER _____ PHONE NUMBER _____
 ADDRESS _____ CITY, _____ STATE _____ ZIP _____

3 Transfer Instructions

Asset Transfer

+ Transferee custodian/trustee may require documentation if the minimum distribution has not been satisfied prior to this transfer.

! SIMPLE IRA funds cannot be transferred to a Traditional IRA for two years following the date of the initial SIMPLE contribution.

CURRENT PLAN TYPE: (SELECT ONE)

- Traditional IRA
 Rollover IRA
 SEP-IRA
 SIMPLE IRA
 Employer-Sponsored: _____

TYPE OF PLAN TRANSFERRING TO: (SELECT ONE)

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

Net Asset Value (NAV)

Process the enclosed purchase for NAV purchases.

I certify that I am my client is eligible for this option according to the terms set forth in the fund prospectus.

Assets to be Transferred

i NOTE: Penalties and market fluctuation may affect the distribution amount.

! WIRE TRANSFERS: If you choose to wire-transfer your funds, contact your financial organization for information regarding any incoming or outgoing wire-transfer fees that may apply.

A. PAYMENT AMOUNT: My entire Retirement Account. A portion of my Retirement Account. \$ _____

B. PAYMENT SCHEDULE : Immediately liquidate all investments and send cash proceeds.
 Liquidate the investments as identified below:

FUND(S) TO BE LIQUIDATED	ACCOUNT NUMBER	AMOUNT TO BE TRANSFERRED	SENT DATE
1. _____	_____	\$ _____ %	_____
2. _____	_____	\$ _____ %	_____
3. _____	_____	\$ _____ %	_____

4 Investment Selection

Your Fund Choices

If no share class is indicated, a Class A share account will be established.

*Does not apply to Money Market Fund.

FUND NAME(S)	CLASS*	ALLOCATION	FUND NAME(S)	CLASS*	ALLOCATION
1. _____	A C	\$ _____ %	4. _____	A C	\$ _____ %
2. _____	A C	\$ _____ %	5. _____	A C	\$ _____ %
3. _____	A C	\$ _____ %	6. _____	A C	\$ _____ %

Reduced Sales Charge

Class A, B & C shares combined. Does not apply to Money Market Fund.

⚠️ \$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. _____

5 Acknowledgement

Your Signature

⚠️ WARNING. This application will not be processed unless signed below by the Traditional IRA Owner (or Inherited IRA Owner).

ℹ️ SIGNATURE GUARANTEE: Your current trustee/custodian may require a guaranteed signature. Contact them for signature requirements.

I certify that I have established the appropriate IRA account with the Timothy Plan, of which Constellation Trust Company is the transferee custodian/trustee. I certify that the information contained on this form is true and correct. I direct the transferor custodian/trustee to transfer my IRA assets as set forth in this form. I understand I should seek the guidance of a tax or legal professional with regard to this decision. I understand that if I establish a separate conduit account, it is my responsibility to keep my conduit account separate from my other accounts. I understand that my custodian/trustee cannot provide legal advice. I indemnify and agree to hold the custodian/trustee harmless against any liabilities. I assume full responsibility for the consequences of this transfer decision. The custodian/trustee agrees to accept these funds as a transfer.

SIGNATURE OF IRA OWNER
(OR INHERITED IRA OWNER)

DATE

To Current Trustee / Custodian

FOR SUCCESSOR AND CURRENT CUSTODIAN ONLY.

The custodian/trustee signing below agrees to accept custodianship/trusteeship, and the transferring assets described above, for the Timothy Plan IRA account established on behalf of the above-named owner.

CONSTELLATION TRUST COMPANY

DATE

DELIVERY INSTRUCTIONS

A. Transferee IRA Account Number _____

B. Make check payable to or certificate registration in the name of _____

as Custodian Trustee for the Traditional SIMPLE IRA of _____

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