



Coverdell ESA

NEW ACCOUNT APPLICATION

1 Account Registration

Check here if amendment.

Designated Beneficiary

THE STUDENT: The individual (under the age of 30) for whom this account is being established.

NAME (First, Initial, Last) _____ GENDER: Male Female _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DAYTIME PHONE NUMBER _____ EMAIL (optional) _____ TAXPAYER ID NUMBER or SSN _____

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

Depositor

PERSON OPENING ACCOUNT

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

NAME (First, Initial, Last) _____ GENDER: Male Female _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE NUMBER _____ SOCIAL SECURITY NUMBER _____ EMAIL (optional) _____

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

Responsible Individual

PARENT OR GUARDIAN: The individual responsible for managing this account.

NAME (First, Initial, Last) _____ RELATION: Mother Father Guardian _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE NUMBER _____ EMAIL (optional) _____ TAXPAYER ID NUMBER or SSN _____

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

i **DEFAULT WILL BE NO:** If boxes are left unchecked, the answer will default to "No."

ELECTIONS

OPTION 1: YES NO Will the responsible individual continue to serve as the responsible individual for the custodial account after the designated beneficiary attains the age of majority under state law and until such time as all assets have been distributed from the custodial account and the custodial account terminates? (See Article V of the agreement for additional information.)

OPTION 2: YES NO May the responsible individual change the beneficiary designated under this agreement to another member of the designated beneficiary's family described in Code section 529(e)(2) in accordance with the custodian's procedures? Please seek professional advice prior to changing beneficiaries.

Successor Responsible Individual

PARENT OR GUARDIAN: The individual responsible for managing this account.

i ELECTIONS

In the event of the death or legal incapacity of the responsible individual while the designated beneficiary is a minor under state law, the individual named below is designated as the successor responsible individual.

If all the nominated responsible individuals resign or become incapacitated or die after the designated beneficiary reaches the age of majority under state law, the responsible individual shall be the designated beneficiary.

NAME (First, Initial, Last) _____ RELATIONSHIP TO DESIGNATED BENEFICIARY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE NUMBER _____ EMAIL (optional) _____ TAXPAYER ID NUMBER or SSN _____

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

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Death Beneficiary Designation

Death Beneficiaries

NOTE: Upon the designated beneficiary's death, the assets in this account will be paid to the death beneficiaries named below. The interest of any death beneficiary that predeceases the designated beneficiary terminates completely. If all primary death beneficiaries predecease the designated beneficiary, the balance in the account will be payable to the contingent death beneficiaries. If no death beneficiaries are named, the designated beneficiary's estate will be the death beneficiary.

NO DEATH BENEFICIARIES are designated at this time. The responsible individual may designate death beneficiaries at a later date.

PRIMARY DEATH BENEFICIARY

1. _____

BENEFICIARY NAME	DATE OF BIRTH	RELATIONSHIP
ADDRESS		TAXPAYER ID NUMBER or SSN

CONTINGENT DEATH BENEFICIARY

2. _____

BENEFICIARY NAME	DATE OF BIRTH	RELATIONSHIP
ADDRESS		TAXPAYER ID NUMBER or SSN

Check here if additional death beneficiaries are listed on an attached addendum. Total number of addendums attached to this Coverdell ESA _____.

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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

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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	\$ _____	_____ %

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Contribution Information

Source of Funds

BASIS: The amount you have actually deposited into the account.

\$ _____ CONTRIBUTION AMOUNT

_____ CONTRIBUTION DATE

CONTRIBUTION TYPE:

- Regular / Tax Year: 20** _____
- Direct Transfer** (Direct movement of assets from a Coverdell ESA into this Coverdell ESA.)
- Rollover** (Distribution from a Coverdell ESA that is being deposited into this Coverdell ESA.) By selecting this transaction, I irrevocably designate this contribution as a rollover.
- Other:** _____

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 excess 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.

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Account Service Options

Automatic Investment Plan

i NOTE: Contributions made to your ESA using the automatic investment option will be for the current tax year.

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

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.

- Amount (minimum \$50 per account, per month or equivalent): \$ _____
- Frequency (choose one):
 Semi-Monthly Semi-Annually
 Monthly Annually
 Quarterly
- Day in which deposit should begin (or the first business day thereafter, if a holiday or weekend): _____
- Month in which deposit should begin: _____
- Fund(s): _____

➔ 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.

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: <input type="radio"/> CHECKING <input type="radio"/> SAVINGS

Duplicate Statement

IF APPLICABLE.

Yes. Please send a duplicate statement to:

NAME _____

MAILING ADDRESS _____

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.

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Acknowledgment

USA Patriot Act Notice

IMPORTANT INFORMATION: Under the USA Patriot Act, Federal law requires all financial institutions (including mutual funds) to obtain, verify, and record information that identifies each person who opens an account. The information you provide 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 the Depositor and Responsible Individual. 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.



Coverdell ESA

NEW ACCOUNT APPLICATION

Your Signature

WARNING. This application cannot be processed unless signed below by the Coverdell Depositor or Responsible Individual.

NOTE: The Fund Custodian, Constellation Trust Company, charges \$25.00 per account number in connection with plan establishment and maintenance, of which, \$5.00 is remitted to the fund underwriter, Timothy Partners, Ltd.

IMPORTANT: Please read before signing.

The depositor and responsible individual have received a copy of the Coverdell ESA Application, the 5305-EA Coverdell ESA Custodial Account Agreement, and the Disclosure Statement. The depositor and responsible individual understand that the terms and conditions that apply to this Coverdell ESA are contained in this Application and the Coverdell ESA Custodial Account Agreement, and agree to be bound by those terms and conditions.

The depositor assumes responsibility for determining that he or she is eligible to make this contribution and that the contribution is within the limits set forth by the tax laws.

The responsible individual assumes responsibility for:

- ensuring that all future contributions are within the limits set forth by the tax laws,
- certifying that he or she is qualified to assume the responsibilities of the responsible individual as set forth in the Coverdell ESA Custodial Account Agreement, and
- managing and administering the Coverdell ESA and authorizing transactions involving contributions (including rollover contributions) and distributions.

I expressly certify that I take complete responsibility for the type of investment instrument(s) I choose to fund my IRA, and that the Custodian is released of any liability regarding the performance of any investment choice I make.

DEPOSITOR SIGNATURE

DATE

RESPONSIBLE INDIVIDUAL

(Sign if depositor is not the responsible individual)

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.

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

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

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For Dealer Use Only

Your Financial Representative

IF APPLICABLE.

BROKER/DEALER NAME

BRANCH NUMBER

BRANCH ADDRESS

REPRESENTATIVE'S NAME

PRODUCER NUMBER

PHONE NUMBER

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Mailing Your Application

Return Completed Form

USE YOUR PREFERRED MAILING METHOD.

REGULAR DELIVERY:

Timothy Plan
c/o Ultimus Fund Solutions, LLC
PO Box 46707, Cincinnati, OH 45246-0707

OVERNIGHT DELIVERY:

Timothy Plan
c/o Ultimus Fund Solutions, LLC
225 Pictoria Dr, Ste 450, Cincinnati, OH 45246

Phone | (800) 662-0201
Local | (402) 493-4603
Fax | (402) 963-9094