



Non-Retirement Account

NEW ACCOUNT APPLICATION

Check here if amendment.

1 Account Registration

Individual / Joint Account

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

+ UNDER AGE 18: Complete and attach the Special Request Form E, Account for Minors Indemnification.

NOT TO BE USED FOR INDIVIDUAL RETIREMENT ACCOUNTS.

NAME (First, Initial, Last)		GENDER: <input type="radio"/> Male <input type="radio"/> Female	DATE OF BIRTH	TAXPAYER ID NUMBER or SSN
JOINT NAME			DATE OF BIRTH	TAXPAYER ID NUMBER or SSN
ADDRESS				
CITY		STATE	ZIP	
DAYTIME PHONE NUMBER	EMAIL (optional)			

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

Registration Type

! WARNING. This application cannot be processed unless signed below by the Responsible Individual(s).

+ UNDER AGE 18: A parent or guardian must sign attach a completed Special Request Form E, Account for Minors Indemnification.

The manner in which you register your account can have significant tax and liability implications. We cannot provide tax and estate planning advice, and suggest you consult your tax professional if you are uncertain about which registration is best for you. **IF YOU FAIL TO SELECT A REGISTRATION OPTION, YOUR ACCOUNT WILL DEFAULT TO JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP (JTWROS).**

Select one from the following:

- Individual Account:** Usually for persons who are not adding a second person to their account.
- Tenants in Common:** Usually for two (or more) persons who are not married and who, in the event of their death, desire to leave their ownership interest to their separate heirs, however, the ownership interest is a part of the decedent's estate and in most cases subject to probate.
- (Default) Joint Tenants With Rights of Survivorship (JTWROS):** The owners desire that in the event of the death of any owner, the decedent's ownership interest will pass the other owners without the necessity of going through a probate estate.
- Tenants by the Entireties (TBE):** A registration that is reserved exclusively for married couples. It provides for special protection from creditors and for the assets to pass to the surviving spouse in the event one or the other spouse dies. TBE is currently recognized in twenty-five states (and Washington DC), seven of which do not include personal property (investments) as a TBE asset. **CHECK WITH YOUR TAX PROFESSIONAL TO DETERMINE IF TBE IS AVAILABLE IN YOUR STATE AND IS BEST FOR YOU.**

Gifts/Transfers To A Minor (UGMA)

Uniform Gift to Minors (UGMA) accounts are recognized in all 50 states and are typically irrevocable once established. In most states, the beneficiary gains control of the funds when they reach the age of 21, while a few states set this age at 18. A custodian must be named for UGMA accounts, and they are responsible for managing the investments until the beneficiary reaches adulthood. To avoid issues if the custodian becomes incapacitated or passes away, it is strongly recommended to name a backup (contingent) custodian.

MINOR'S NAME (First, Initial, Last)		DATE OF BIRTH	MINOR'S TAX ID or SSN	
ADDRESS		CITY	STATE	ZIP
			U.S. CITIZENSHIP STATUS: <input type="radio"/> CITIZEN <input type="radio"/> RESIDENT ALIEN <input type="radio"/> NONRESIDENT ALIEN	
DAYTIME PHONE NUMBER	EMAIL (optional)			

CUSTODIAN'S NAME (First, Initial, Last)		DATE OF BIRTH	CUSTODIAN'S TAX ID or SSN	
ADDRESS		CITY	STATE	ZIP
			U.S. CITIZENSHIP STATUS: <input type="radio"/> CITIZEN <input type="radio"/> RESIDENT ALIEN <input type="radio"/> NONRESIDENT ALIEN	
DAYTIME PHONE NUMBER	EMAIL (optional)			

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Transfer on Death (TOD)

If you wish to designate beneficiary(ies) of this account in the event of your death, please list them below. If you want the children of a beneficiary you list to inherit that beneficiary's share (if that beneficiary predeceases you), check the box *Per Stirpes*. If you want the deceased beneficiary's share to be distributed to the other beneficiaries you list, please check the box *Pro Rata*.

_____	<input type="radio"/> Pro Rata to the survivors	<input type="radio"/> Per Stirpes	_____ %
TOD BENEFICIARY'S NAME (First, Initial, Last)			
_____	<input type="radio"/> Pro Rata to the survivors	<input type="radio"/> Per Stirpes	_____ %
TOD BENEFICIARY'S NAME (First, Initial, Last)			
_____	<input type="radio"/> Pro Rata to the survivors	<input type="radio"/> Per Stirpes	_____ %
TOD BENEFICIARY'S NAME (First, Initial, Last)			

Trust or Business Account

NOTE: Please list all individuals who will have authority to open and/or transact business for this account on behalf of the legal entity in whose name this account will be registered. Please also enclose documents supporting: (A) existence of legal entity (e.g., a photocopy of the title, signature, and appropriate pages of the trust document, articles of incorporation, business license, partnership agreement); and (B) authority of each individual authorized to transact business on this account (e.g., corporate resolution, partnership certificate, trustee(s)).

WARNING: If you complete this section without providing the classification, per IRS regulations, we must default to an S Corporation.

CORPORATIONS OR OTHER ENTITIES (Include a copy of one of the following documents: registered articles of incorporation, government-issued business license, partnership papers, plan documents or other official documentation that verifies the entity and lists the authorized individuals. Failure to provide this documentation may result in a delay in processing your application.)

NAME OF: <input type="radio"/> TRUST <input type="radio"/> PARTNERSHIP <input type="radio"/> C. CORPORATION <input type="radio"/> S. CORPORATION <input type="radio"/> PARTNERSHIP <input type="radio"/> LLC/LLP (check one)		ENTITY'S TAX ID _____	
ADDRESS _____		CITY _____	STATE _____ ZIP _____
DAYTIME PHONE NUMBER _____	EMAIL (optional) _____	DATE OF TRUST (if applicable) _____	
TRUSTEE'S NAME or AUTHORIZED SIGNER _____		DATE OF BIRTH _____	TRUSTEE'S TAX ID or SSN _____
ADDRESS (if different than above) _____		CITY _____	STATE _____ ZIP _____
DAYTIME PHONE NUMBER _____	EMAIL (optional) _____	U.S. CITIZENSHIP STATUS: <input type="radio"/> CITIZEN <input type="radio"/> RESIDENT ALIEN <input type="radio"/> NONRESIDENT ALIEN	
CO-TRUSTEE'S NAME or CO-AUTHORIZED SIGNER (if applicable) _____		DATE OF BIRTH _____	CO-TRUSTEE'S TAX ID or SSN _____
ADDRESS (if different than above) _____		CITY _____	STATE _____ ZIP _____
DAYTIME PHONE NUMBER _____	EMAIL (optional) _____	U.S. CITIZENSHIP STATUS: <input type="radio"/> CITIZEN <input type="radio"/> RESIDENT ALIEN <input type="radio"/> NONRESIDENT ALIEN	

2 Class A & C Shares

Broker/Dealer

IF APPLICABLE.

BROKER/DEALER NAME _____	BRANCH NUMBER _____
BRANCH ADDRESS _____	
REPRESENTATIVE'S NAME _____	PRODUCER NUMBER _____
	PHONE NUMBER _____

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 es-crowed 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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Investment Selection	FUND NAME(S)	CLASS	ALLOCATION
If no share class is indicated, a Class A share account will be established.	1. _____	<input type="checkbox"/> A <input type="checkbox"/> C	\$ _____ %
	2. _____	<input type="checkbox"/> A <input type="checkbox"/> C	\$ _____ %
	3. _____	<input type="checkbox"/> A <input type="checkbox"/> C	\$ _____ %
	4. _____	<input type="checkbox"/> A <input type="checkbox"/> C	\$ _____ %
	5. _____	<input type="checkbox"/> A <input type="checkbox"/> C	\$ _____ %

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 Section 5, Bank Information.)

3 Class I Shares

IMPORTANT INFORMATION

Class I shares are available only to institutions, and to investors working with a Registered Investment Advisor (RIA) or their Investment Adviser Representative (IAR). Your RIA's or IAR's signature is required for the purchase of Class I Shares.

If you have any questions regarding this application, please call (800) 846-7526.

Registered Investment Advisor (RIA)

REGISTERED INVESTMENT ADVISOR FIRM _____ BRANCH NUMBER _____

or

Investment Adviser Representative (IAR)

BRANCH ADDRESS _____

REPRESENTATIVE'S NAME _____ PRODUCER NUMBER _____ PHONE NUMBER _____

IF APPLICABLE.

Yes, I affirm that I am an RIA or IAR and qualify for the purchase of Class I shares. With my signature below, I affirm that I am licensed as an RIA or IAR, and pursuant to the restrictions set forth in the prospectus for Class I shares, I attest that my client is entitled to purchase Class I shares.

SIGNATURE OF REPRESENTATIVE (NAMED ABOVE) _____ DATE _____

Investment Selection	FUND NAME(S)	CLASS	ALLOCATION
If no share class is indicated, a Class A share account will be established.	1. _____	<input type="checkbox"/> I	\$ _____ %
	2. _____	<input type="checkbox"/> I	\$ _____ %
	3. _____	<input type="checkbox"/> I	\$ _____ %
	4. _____	<input type="checkbox"/> I	\$ _____ %
	5. _____	<input type="checkbox"/> I	\$ _____ %

⚠ TO PURCHASE CLASS I SHARES: You must be working with a Registered Investment Advisor (RIA) or Investment Adviser Representative (IAR).

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 Section 6, Bank Information.)

4 Payment Method

Payment Method

You can open your account using any of these methods. Please check your choice.

- Check** (Please make check payable to the Timothy Plan.)
- Bank Wire** (For instructions, please contact the Transfer Agent toll free at 1-800-662-0201.)
- Automatic Investment Plan**
(Available for **Class A shares only**. Complete Section 5. An initial \$50 deposit is required.)
- Direct Transfer**
- Other** _____

5 Account Service Options

Automatic Investment Plan

NOTE: If you are opening a new fund account and signing up for the Automatic Investment Plan, you must include a minimum initial investment of \$50 with this application.

AVAILABLE FOR CLASS A SHARES ONLY.

*The bank account designated must have check or draft writing privileges. Complete Bank Information above.

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.

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

Bank Information

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

NO CHECKS? If you do not have a check, 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
NAME(S) ON BANK ACCOUNT	BANK ACCOUNT NUMBER	ACCOUNT TYPE: <input type="radio"/> Checking <input type="radio"/> Savings

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.

Government/Payroll Direct Deposit

Yes, I Want to establish a Government/Payroll Direct Deposit.

Please indicate if you are establishing an account for this purpose. For additional information regarding the automatic deposit of your government or payroll check, please call us at (800) 662-0201.

7 Acknowledgment

Your Signature

⚠ WARNING. This application cannot be processed unless signed below by the Responsible Individual(s).

+ **UNDER AGE 18:** A parent or guardian must sign attach a completed Special Request Form E, Account for Minors Indemnification.

I (we) have received and read the current prospectus for the funds I (we) have selected for investment. I (we) agree that any shares purchased now or later will be subject to the terms of the funds' prospectus in effect from time to time. I (we) certify under penalties of perjury: 1) that the Social Security or Taxpayer ID Number provided here is correct and, 2) that unless the circle below is checked, I (we) am (are) not subject to tax withholding because a) I (we) have not been notified by the Internal Revenue Service that I (we) am (are) subject to such withholding because of a failure to report all interest or dividends, or b) the Internal Revenue Service has notified me that I (we) am (are) no longer subject to backup withholding.

I (we) am (are) subject to backup withholding.

I (we) agree that neither the fund nor its agents will be liable for any loss, expense, or cost arising out of any telephone request made pursuant to the features and services selected above, including any fraudulent or unauthorized request and that I, as the account holder, will bear the risk of loss, so long as the fund or its agents reasonably believe that the telephonic instructions are genuine based upon reasonable verification procedures. The verification procedures include recording instructions, requiring certain identifying information before acting upon instructions and sending written confirmations. I (we) certify that I (we) have the power and authority to establish this account and establish the features and services requested and that the authorizations hereon shall continue until the funds receive written notice of a modification signed by all appropriate parties or a termination signed by all parties. All terms shall be binding upon heirs, representatives and assigns.

SIGNATURE OF OWNER

DATE

SIGNATURE OF JOINT OWNER

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.

Trusted Contact

In the event you are unable to reach me, or I am unresponsive to your attempts to reach me, my Trusted Contact will be the person mentioned below. I understand you will not share any financial information with this person, and will contact my Trusted Contact only in the event you cannot reach me.

I (we) understand that this information is voluntary and is not a condition of opening my account.

NAME (First, Initial, Last)

GENDER: Male Female

PHONE NUMBER

EMAIL

ADDRESS

CITY,

STATE

ZIP

RELATIONSHIP

USA Patriot Act Notice

IMPORTANT INFORMATION

Under the USA Patriot Act, the Board of Trustees of the Trust has approved procedures designed to prevent and detect attempts to launder money. The information you provide us 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 all owners, co-owners, or anyone who will be signing or completing a transaction on behalf of a legal entity that will own the account. 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**.

8 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