



Non-Retirement Accounts

CHANGE IN REGISTRATION

1 Instructions

Overview

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

SIGNATURE GUARANTEE: For gifts over \$10,000 in value, the signature of the account owners must be guaranteed by a financial institution of the type described in the Fund prospectus. The Custodian will accept medallion guarantees obtained from banks or brokerage firms that are members of either the Securities Transfer Agents Medallion Program (STAMP), the New York Stock Exchange, Inc., Medallion Signature Program (MSP), or the Stock Exchanges Medallion Program (SEMP). A notary public is not an acceptable guarantor.

This guide is designed to help you understand what is needed to change the registration of your existing Timothy Plan Funds account. In most cases, you will need to have your signature(s) guaranteed to process the registration change. In some situations, we will need additional documentation to make the change. This guide reviews various scenarios and details associated with each situation. These instructions are not intended to be used for Individual Retirement Accounts.

- Change in Registration, also known as Transfers, may only be transacted within the same fund.
- This form is for Individual Accounts, Joint Accounts, Trust Accounts and Uniform Gifts/Transfer to Minors Act (UGMA/UTMA). **NOT TO BE USED FOR IRAs or Qualified Retirement Accounts.**
- Please note that a new account number may be assigned to each account listed below.

A. Current account owner(s)

Complete section 2, you may need to obtain a Medallion Guarantee.

B. New account owner(s)

Complete sections 3 through 10.

Individual to a Joint Tenant Account

- Complete a Change of Registration Form.
- Account owner(s) signatures must be Medallion Guaranteed in Section 2, Current Owner Authorization, if account value exceeds \$25,000 or the tax-identification number is changing.

Joint Tenant to an Individual Account

A. Voluntary Relinquishing of Ownership.

- Complete a Change of Registration Form.
- Relinquishing Account owner(s) signatures must be Medallion Guaranteed in Section 2, Current Owner Authorization.

B. Death of an Account Owner.

- Complete a Change of Registration Form.
- Signature of surviving Joint Owner or of the Executor of the Estate must be Medallion Guaranteed in Section #3.
- Provide an Inheritance Tax Waiver if Decedent had legal residence in IN, NJ, OH, PA, PR, RI or TN or any other jurisdiction in which such waiver is required by the Transfer Agent.
- Provide a copy of the Decedent Owner's death certificate, and other documents requested by the Transfer Agent.

C. Divorce.

- Complete a Change of Registration Form.
- Account owner(s) signatures must be Medallion Guaranteed in Section 2, Current Owner Authorization.
- Provide a copy of divorce settlement or QDRO.

Name Change

- Provide letter of instruction signed with both former name as well as with new name.
- New signature must be Medallion Guaranteed or have a Signature Validation Program Stamp (available at your bank).
- You do not need to complete a Change of Registration Form.

UGMA/UTMA to an Individual Account (minor reached age of majority)

- Complete Change of Registration Form.
- Certified copy of birth certificate of owner reaching age of majority.
- Will be changed only to reflect owner's name except in the event of the death of the owner which requires a certified copy of the owner's death certificate, proper letters of administration or the court issued directions.

Individual or Joint Tenant Account to a Trust

- Complete a Change of Registration Form.
- Include a copy of the first and last page of the Trust Agreement.
- Account Owner(s) signatures must be Medallion Guaranteed in Section #3 if account value exceeds \$25,000 or the tax-identification number is changing.



Non-Retirement Accounts

CHANGE IN REGISTRATION



Current Account Registration

Account Information

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

COMPLETE AS NAME(S) APPEAR ON ACCOUNT STATEMENT.

CURRENT OWNER, CUSTODIAN OR TRUSTEE <i>(First, Initial, Last)</i>		TAXPAYER ID NUMBER OR SSN	
JOINT OWNER OR CO-TRUSTEE <i>(if applicable)</i>		TAXPAYER ID NUMBER OR SSN	
ADDRESS	CITY	STATE	ZIP
DAYTIME PHONE NUMBER	TAXPAYER ID NUMBER OR SSN	TIMOTHY PLAN ACCOUNT NUMBER <i>(if established)</i>	

Instructions

Apply request to the following Account(s):

CURRENT FUND(S)	ACCOUNT NUMBER	AMOUNT TO BE TRANSFERRED	
1. _____	_____	\$ _____	_____ %
2. _____	_____	\$ _____	_____ %
3. _____	_____	\$ _____	_____ %
4. _____	_____	\$ _____	_____ %
5. _____	_____	\$ _____	_____ %
6. _____	_____	\$ _____	_____ %

- A. TRANSFER OWNERSHIP
- B. ADD ADDITIONAL ACCOUNT REGISTRANT

NAME TO BE ADDED TO ACCOUNT <i>(First, Initial, Last)</i>		DATE OF BIRTH	
ADDRESS			
CITY	STATE	ZIP	
DAYTIME PHONE NUMBER	RELATIONSHIP	TAXPAYER ID NUMBER OR SSN	

Current Owner Authorization

! **WARNING.** This application will not be processed unless signed by the Account Owner(s).

i **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.

Before signing, 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 PRIMARY ACCOUNT OWNER	┌	└
_____ DATE		
_____ SIGNATURE OF JOINT ACCOUNT OWNER		
_____ DATE	└	┌

3 New Account Registration

Individual & Joint Accounts

i FOR ASSISTANCE with this form, call Shareholder Services at (800) 662-0201, or 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 (if applicable)		GENDER: <input type="radio"/> Male <input type="radio"/> Female	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

Gifts/Transfers To A Minor (UGMA/UTMA)

MINOR'S NAME (First, Initial, Last)		DATE OF BIRTH	MINOR'S TAX ID OR SSN	
ADDRESS		CITY	STATE	ZIP
DAYTIME PHONE NUMBER	EMAIL (optional)			
CUSTODIAN'S NAME (First, Initial, Last)		CUSTODIAN'S TAX ID OR SSN		
ADDRESS		CITY	STATE	ZIP
DAYTIME PHONE NUMBER	EMAIL (optional)			

U.S. CITIZENSHIP STATUS:
 Citizen
 Resident Alien
 Nonresident Alien

Trust or Business Account

i 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 trustee pages of the trust document, articles of incorporation, business license, partnership agreement, trust instrument); and (B) authority of each individual authorized to transact business on this account (e.g., corporate resolution, partnership certificate).

NAME OF: <input type="radio"/> Trust <input type="radio"/> Sole Proprietorship <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Other Entity (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			TRUSTEE'S TAX ID OR SSN	
ADDRESS (if different than above)		CITY	STATE	ZIP
DAYTIME PHONE NUMBER	EMAIL (optional)			
CO-TRUSTEE'S NAME OR AUTHORIZED SIGNER (if applicable)			CO-TRUSTEE'S TAX ID OR SSN	
ADDRESS (if different than above)		CITY	STATE	ZIP
DAYTIME PHONE NUMBER	EMAIL (optional)			

U.S. CITIZENSHIP STATUS:
 Citizen
 Resident Alien
 Nonresident Alien

4 Contribution Information

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-crowded 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)

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.

5 Payment Method

Payment Method

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

+ **DIRECT TRANSFERS:** Complete and attach the IRA Transfer Form.

- Check** (Please make check payable to Timothy Plan.)
 Bank Wire (For instructions, please contact the Transfer Agent toll free at 1-800-662-0201.)
 Automatic Investment Plan (Complete Section 5. No money is enclosed.)
 Direct Transfer
 Other _____

6 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	\$ _____ %
5. _____	A C I	\$ _____ %
6. _____	A C I	\$ _____ %
7. _____	A C I	\$ _____ %
8. _____	A C I	\$ _____ %

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.)

7

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.

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

I authorize the fund's Agent to draw checks or initiate Automatic Clearing House debits against bank account.*

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 or preprinted deposit slip for this account, please contact your savings account provider for wiring instructions, or call (800) 662-0201.

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

Systematic Withdrawal Plan

NOTE: A minimum account balance of \$10,000 is required.

*Complete Bank Information in this section.

I authorize the fund's Agent to deposit checks into my bank account* from my account established by this application.

1. Amount (minimum \$100 per account, per month or equivalent): \$ _____

2. Frequency (choose one): Monthly Quarterly Semi-Annually Annually

3. Withdrawals to be processed on the _____ day of the appropriate month.

4. Month in which deposit should begin: _____

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.

8 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

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**.

9 For Dealer Use Only

Your Financial Representative

IF APPLICABLE.

BROKER/DEALER NAME

BRANCH NUMBER

BRANCH ADDRESS

REPRESENTATIVE'S NAME

PRODUCER NUMBER

PHONE NUMBER

10 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