Individual &				
Joint Accounts	ACCOUNT OWNER OR AUTHORIZED PERSON (First, Initial, Last)		TIMOTHY PLAN ACCO	OUNT NUMBER
FOR ASSISTANCE with this form, call Shareholder Services at (800) 662-0201, or	CONTRACT (Secretary)			
Timothy Plan at <b>(800) 846-7526</b> .	JOINT NAME (if applicable)			
Investment Select	tion			
Liquidation	FUND NAME(S)	CLASS	LIQUID	OATE
Please indicate the Fund(s) you would like to sell, and the amount from each. If no share class is indicated, Class A shares will be sold first.	1.	ACI	\$	
TO PURCHASE CLASS I SHARES: You must be working with a Registered Investment Advisor.	2.	ACI	\$	
	3.	ACI	\$	
	4.	ACI	\$	
	DEDIT AUTHORITATION			–
	DEBIT AUTHORIZATION: I authorize the fur folio(s) described above on the 25th day of ea in the portfolio(s) as indicated below. I would until further notice.	ich month or the next busines		d to be re
	folio(s) described above on the 25th day of each in the portfolio(s) as indicated below. I would	ich month or the next busines	ss day, with the amount debite	d to be re
Please indicate the Fund(s) you would like to invest, and the amount into each. The share class	folio(s) described above on the 25th day of earn in the portfolio(s) as indicated below. I would until further notice.	ch month or the next busines like these deposits to begin CLASS	s day, with the amount debite (specify month	d to be re
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Reinvestment  Please indicate the Fund(s) you would like to invest, and the amount into each. The share class will be the same as those liquidated	folio(s) described above on the 25th day of exin the portfolio(s) as indicated below. I would until further notice.  FUND NAME(S)  1.	CLASS  ACI  ACI	s day, with the amount debite (specify month)  INVE	d to be re
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Please indicate the Fund(s) you would like to invest, and the amount into each. The share class will be the same as those liquidated  Acknowledgment	folio(s) described above on the 25th day of exin the portfolio(s) as indicated below. I would until further notice.  FUND NAME(S)  1.  2.  4.	CLASS  ACI  ACI  ACI  ACI	ss day, with the amount debite (specify month)  INVE  \$ \$ \$ \$ \$ \$	d to be re p), and to  ST

## 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