

Retirement Accounts

EMPLOYER SPONSORED TRANSMITTAL

1 Employer Registration

Employer Information

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

NAME OF EMPLOYER <i>(First, Initial, Last)</i>		DATE OF CONTRIBUTION	
ADDRESS			
CITY	STATE	ZIP	
DAYTIME PHONE NUMBER	EMAIL <i>(optional)</i>	NAME OF CONTACT PERSON	

2 New Account Registration

Individual & Joint Accounts

+ ENCLOSE CHECK: Please make check payable to Timothy Plan for the full amount indicated.

NAME OF EMPLOYEE	TIMOTHY PLAN ACCOUNT #	EMPLOYER CONTRIBUTIONS (Matching or Non-elective)	SALARY DEFERRAL CONTRIBUTIONS	TOTAL CONTRIBUTIONS
1. _____	_____	\$ _____	+ \$ _____	= \$ _____
2. _____	_____	\$ _____	+ \$ _____	= \$ _____
3. _____	_____	\$ _____	+ \$ _____	= \$ _____
4. _____	_____	\$ _____	+ \$ _____	= \$ _____
5. _____	_____	\$ _____	+ \$ _____	= \$ _____
6. _____	_____	\$ _____	+ \$ _____	= \$ _____
7. _____	_____	\$ _____	+ \$ _____	= \$ _____
8. _____	_____	\$ _____	+ \$ _____	= \$ _____
9. _____	_____	\$ _____	+ \$ _____	= \$ _____
10. _____	_____	\$ _____	+ \$ _____	= \$ _____

Enclosed Check Total: \$ _____ + \$ _____ = \$ _____

3 Mailing Your Census

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