



Traditional, SEP or SIMPLE IRA

REQUEST FOR TRANSFER

1 Account Information

Participant / Owner Information

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

+ NEW ACCOUNTS: Complete and attach the Traditional/SEP IRA New Account Form.

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

ADDRESS _____ CITY, _____ STATE _____ ZIP _____

DAYTIME PHONE NUMBER _____ TAXPAYER ID NUMBER or SSN _____ TIMOTHY PLAN ACCOUNT NUMBER (if any) _____

Reasons for Transfer

COMPLETE THIS SECTION ONLY FOR RETIREMENT PLANS.

REASON FOR TRANSFER: (Select One)

- Transfer Incident to Divorce or Legal Separation
- Transfer Inherited IRA to Spouse Beneficiary's Own IRA

Answer the questions below to determine your eligibility for transferring the Inherited IRA to your own IRA.

1. Did the IRA owner pass away prior to last year? YES NO

If "NO", go to Section 2. If "YES", go to Question #2.

2. Will you attain age 74 or older by the end of this calendar year? YES NO

If "NO", go to Section 2. If "YES", you are NOT eligible to transfer the Inherited to your own IRA as the deadline to do so has passed. You may, however, be eligible to move all or a portion of the Inherited IRA funds to your own IRA via a distribution from the Inherited IRA and a rollover contribution into your own IRA. Before you roll over the Inherited IRA to your own IRA, you must satisfy required distributions including, but not limited to "hypothetical required minimum distributions" from all applicable IRAs. Required distributions rolled over may result in an excess contribution subject to IRS penalty and additional tax.

2 Account to be Transferred

Current Custodian / Financial Institution

+ ATTACH a copy of your recent account statement from your present Custodian.

NAME FINANCIAL INSTITUTION (Trustee, Custodian or Employer) _____ ACCOUNT NUMBER _____ PHONE NUMBER _____

ADDRESS _____ CITY, _____ STATE _____ ZIP _____

3 Transfer Instructions

Asset Transfer

+ TRANSFEREE CUSTODIAN/TRUSTEE may require documentation if the minimum distribution has not been satisfied prior to this transfer.

! SIMPLE IRA funds cannot be transferred to a Traditional IRA for two years following the date of the initial SIMPLE contribution.

CURRENT PLAN TYPE: (Select One)

- Traditional IRA
- Rollover IRA
- SEP-IRA
- SIMPLE IRA
- Employer-Sponsored: _____
- Inherited (Beneficiary) IRA Traditional

TYPE OF PLAN TRANSFERRING TO: (Select One)

- Traditional IRA
- Rollover IRA
- Roth IRA (must have a Roth IRA Application)
- SEP-IRA
- SIMPLE
- Inherited (Beneficiary) IRA Traditional

Assets to be Transferred

i NOTE: Penalties and market fluctuation may affect the distribution amount.

! WIRE TRANSFERS: If you choose to wire-transfer your funds, contact your financial organization for information regarding any incoming or outgoing wire-transfer fees that may apply.

A. PAYMENT AMOUNT: My entire Retirement Account. A portion of my Retirement Account. \$ _____

B. PAYMENT SCHEDULE: Immediately liquidate all investments and send cash proceeds. Liquidate the investments as identified below:

FUND(S) TO BE LIQUIDATED	ACCOUNT NUMBER	AMOUNT TO BE TRANSFERRED	SENT DATE
1. _____	_____	\$ _____ %	_____
2. _____	_____	\$ _____ %	_____
3. _____	_____	\$ _____ %	_____

B**Traditional, SEP or SIMPLE IRA**

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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.**4****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	FUND NAME(S)	CLASS	ALLOCATION
1. _____	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> I	\$ _____ %	4. _____	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> I	\$ _____ %
2. _____	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> I	\$ _____ %	5. _____	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> I	\$ _____ %
3. _____	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> I	\$ _____ %	6. _____	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> I	\$ _____ %

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 escrowed 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. _____

5**Acknowledgment****Your Signature****!** **WARNING.** This application will not be processed unless signed below by the Traditional IRA Owner (or Inherited IRA Owner).**i** **SIGNATURE GUARANTEE:** Your current trustee/custodian may require a guaranteed signature. Contact them for signature requirements.

I certify that I have established the appropriate IRA account with the Timothy Plan, of which Constellation Trust Company is the transferee custodian/trustee. I certify that the information contained on this form is true and correct. I direct the transferor custodian/trustee to transfer my IRA assets as set forth in this form. I understand I should seek the guidance of a tax or legal professional with regard to this decision. I understand that if I establish a separate conduit account, it is my responsibility to keep my conduit account separate from my other accounts. I understand that my custodian/trustee cannot provide legal advice. I indemnify and agree to hold the custodian/trustee harmless against any liabilities. I assume full responsibility for the consequences of this transfer decision. The custodian/trustee agrees to accept these funds as a transfer.

SIGNATURE OF IRA OWNER
(or Inherited IRA Owner)_____
DATE**To Current Trustee / Custodian**

FOR SUCCESSOR AND CURRENT CUSTODIAN ONLY.

The custodian/trustee signing below agrees to accept custodianship/trusteeship, and the transferring assets described above, for the Timothy Plan IRA account established on behalf of the above-named owner.

CONSTELLATION TRUST COMPANY_____
DATE

DELIVERY INSTRUCTIONS

A. Transferee IRA Account Number _____

B. Make check payable to or certificate registration in the name of _____
as Custodian Trustee for the Traditional SIMPLE IRA of _____**6****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 45246Phone | (800) 662-0201
Local | (402) 493-4603
Fax | (402) 963-9094