

An Investment Plan for Minors

MARCH 1, 2025

Investing with
Biblical Principles



UNIFORM GIFTS TO MINORS ACT (UGMA)

UNIFORM TRANSFERS TO MINORS ACT (UTMA)



TIMOTHY PLAN

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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.

i REGISTRATION TYPE:
JTWR0S - Joint Tenancy With Rights of Survivorship
TBE - Tenancy by the Entirety
TIC - Tenancy in Common

+ 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	REGISTRATION TYPE: <input type="radio"/> JTWR0S <input type="radio"/> TBE <input type="radio"/> TIC	DATE OF BIRTH	TAXPAYER ID NUMBER or SSN
ADDRESS			
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	

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

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 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"/> GOV. 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	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	

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*.

TOD BENEFICIARY'S NAME (First, Initial, Last)

☐ Pro Rata to the survivors
 ☐ Per Stirpes

%

TOD BENEFICIARY'S NAME (First, Initial, Last)

☐ Pro Rata to the survivors
 ☐ Per Stirpes

%

TOD BENEFICIARY'S NAME (First, Initial, Last)

☐ Pro Rata to the survivors
 ☐ Per Stirpes


%

2

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-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 pur-chases 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.

3

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 (Complete Section 5. No money is enclosed.)
 ☐ Direct Transfer
 ☐ Other

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
1.	<div>A</div> <div>C</div> <div>I</div>	\$ %
2.	<div>A</div> <div>C</div> <div>I</div>	\$ %
3.	<div>A</div> <div>C</div> <div>I</div>	\$ %
4.	<div>A</div> <div>C</div> <div>I</div>	\$ %
5.	<div>A</div> <div>C</div> <div>I</div>	\$ %

Dividend & Capital Gains Distribution

All dividends and capital gains will be rein-vested 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.)

5 **Account Service Options**

Automatic Investment Plan

i **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 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 ☐ Quarterly ☐ Annually
☐ Monthly ☐ Semi-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**.

CHECKING OR SAVINGS ACCOUNT INFORMATION*

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

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

*Complete Bank Information above.

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 are processed on the 25th 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**.

6 Acknowledgement

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.**

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**.

7 For Dealer Use Only

Your Financial Representative

IF APPLICABLE.

BROKER/DEALER NAME

BRANCH NUMBER

BRANCH ADDRESS

REPRESENTATIVE'S NAME

PRODUCER NUMBER

PHONE NUMBER

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



Retirement & Non-Retirement Accounts

ACCOUNT FOR MINORS

1 Account Guardianship

Guardian Information

USA PATRIOT ACT. Federal law requires all financial institutions (including mutual funds) to obtain, verify, and record information that identifies each person who opens an account. The Guardian's identification will be researched and affirmed.

GUARDIAN'S NAME (First, Initial, Last)

GUARDIANSHIP: ☐ Sole ☐ JointRELATIONSHIP: ☐ Mother ☐ Father ☐ Other (please explain)

STREET ADDRESS, CITY, STATE, ZIP

U.S. CITIZENSHIP STATUS:

☐ Citizen
☐ Resident Alien
☐ Nonresident Alien

DAYTIME PHONE NUMBER

DATE OF BIRTH

TAXPAYER ID NUMBER OR SSN

GUARDIAN'S NAME (First, Initial, Last)

GUARDIANSHIP: ☐ Sole ☐ JointRELATIONSHIP: ☐ Mother ☐ Father ☐ Other (please explain)

STREET ADDRESS, CITY, STATE, ZIP

U.S. CITIZENSHIP STATUS:

☐ Citizen
☐ Resident Alien
☐ Nonresident Alien

DAYTIME PHONE NUMBER

DATE OF BIRTH

TAXPAYER ID NUMBER OR SSN

APPOINTING A PRIMARY GUARDIAN. Complete lined space only if Joint Guardians desire to appoint one or the other as individually authorized to effect activities, on behalf of the minor, in the minor's custodial account.

I/We hereby attest that I am/we are the guardian(s) of the minor and authorized to enter into this Agreement on behalf of the minor. We further agree that _____ (see sidebar) is the appropriate person to act as the guardian of the property of the minor for the Timothy Plan Account for the minor.

SIGNATURE OF GUARDIAN

SIGNATURE OF JOINT GUARDIAN

DATE

DATE

2 Account Establishment

Indemnification to Establish an Individual Retirement Account for a Minor ("Agreement")

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

REQUIRED DOCUMENTS: An Account Application, IRA Application or other Retirement Account Application must accompany this document.

The undersigned hereby certifies that _____ (print name of guardian—only one guardian may be listed) is the legal guardian of the property of _____ (print name of minor), _____-____-_____ (minor's social security number), a minor, and such guardian wishes to establish a Timothy Plan-sponsored individual retirement account ("Account"), for which Ultimus Fund Solutions acts as administrative agent and Constellation Trust Company acts as Custodian if a sponsored retirement account.


In establishing such Account, the undersigned agrees to indemnify and hold harmless Timothy Plan, Constellation Trust Company, the Timothy Plan fund or funds in which the investment is made (collectively, the "Indemnitees"), and each of their officers, employees and directors from and against any and all liabilities, losses, obligations, damages, claims, costs and expenses (including attorney's fees and expenses), of any kind whatsoever directly or indirectly suffered or incurred by the Indemnitees, their officers, employees, directors, agents, affiliates, successors or assigns in any way relating to, or arising in connection with, any disaffirmance, voiding, unenforceability, cancellation or limitation of any purchase, exchange, transfer or redemption of shares relating to the Account, resulting in whole or in part by virtue of the fact that (i) the shareholder was a minor at the time the Account was opened or at any time during which the Account is maintained; or (ii) the person designated above was not the legal guardian of the property of the minor, whether or not the shareholder's minority or the guardian's identity is given as the express reason therefor. This Agreement shall be binding upon the undersigned and his/her executors, beneficiaries, heirs, administrators, legal representatives and assigns and shall inure to the benefit of the Indemnitees and their successors and assigns.

IN WITNESS WHEREOF, the undersigned, intending to be legally bound, has executed this Agreement as of this _____ day of _____, 20____.

3

Acknowledgment

Your Signature

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

By my (our) signature below, we hereby affirm and attest that the minor listed herein has received earned income during the year for which the retirement plan is being established.

SIGNATURE OF OWNER

DATE

SIGNATURE OF JOINT OWNER

DATE

4

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



Non-Retirement Accounts

UGMA/UTMA SUCCESSOR CUSTODIAN DESIGNATION

1 Current Account Registration

Account Information

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

COMPLETE AS NAME(S) APPEAR ON APPLICATION OR MOST RECENT STATEMENT.

MINOR'S NAME (First, Initial, Last)

TAXPAYER ID NUMBER **OR** SSN

MINOR'S ADDRESS

CUSTODIAN'S NAME (First, Initial, Last)

TAXPAYER ID NUMBER **OR** SSN

CUSTODIAN'S ADDRESS

2 Successor Custodian Designation

Instructions

i In the event the custodian named in the application cannot or will not serve as custodian at anytime during the lifetime of the UGMA/UTMA, the persons named hereon are designated a successor custodian in the order in which they are listed.

SUCCESSOR CUSTODIAN LISTED IN ORDER OF SUCCESSION:

NAME OF FIRST SUCCESSOR CUSTODIAN (First, Initial, Last)

SSN

ADDRESS

CITY

STATE

ZIP

DAYTIME PHONE NUMBER

EMAIL (optional)

NAME OF SECOND SUCCESSOR CUSTODIAN (First, Initial, Last)

SSN

ADDRESS

CITY

STATE

ZIP

DAYTIME PHONE NUMBER

EMAIL (optional)

Current Owner Authorization

! **WARNING.** This application will not be processed unless signed by the person establishing the UGMA/UTMA.

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 PERSON ESTABLISHING THE UGMA/UTMA

DATE

SIGNATURE OF JOINT ACCOUNT OWNER

DATE

This page intentionally left blank.

Traditional Individual Retirement Custodial Account
(Under section 408(a) of the Internal Revenue Code)

Do not file
with the Internal
Revenue Service

Name of depositor	Date of birth of depositor	Account number
Address of depositor		Check if amendment <input type="checkbox"/>
Name of custodian	Address or principal place of business of custodian	

The depositor named above is establishing a traditional individual retirement account under section 408(a) to provide for his or her retirement and for the support of his or her beneficiaries after death.

The custodian named above has given the depositor the disclosure statement required by Regulations section 1.408-6.

The depositor has assigned the custodial account _____ dollars (\$ _____) in cash.

The depositor and the custodian make the following agreement.

Article I

Except in the case of a rollover contribution described in section 402(c), 403(a)(4), 403(b)(8), 408(d)(3), or 457(e)(16), an employer contribution to a simplified employee pension plan as described in section 408(k), or a recharacterized contribution described in section 408A(d)(6), the custodian will accept only cash contributions up to \$5,500 per year for 2013 through 2017. For individuals who have reached the age of 50 by the end of the year, the contribution limit is increased to \$6,500 per year for 2013 through 2017. For years after 2017, these limits will be increased to reflect a cost-of-living adjustment, if any.

Article II

The depositor's interest in the balance in the custodial account is nonforfeitable.

Article III

1. No part of the custodial account funds may be invested in life insurance contracts, nor may the assets of the custodial account be commingled with other property except in a common trust fund or common investment fund (within the meaning of section 408(a)(5)).

2. No part of the custodial account funds may be invested in collectibles (within the meaning of section 408(m)) except as otherwise permitted by section 408(m)(3), which provides an exception for certain gold, silver, and platinum coins, coins issued under the laws of any state, and certain bullion.

Article IV

1. Notwithstanding any provision of this agreement to the contrary, the distribution of the depositor's interest in the custodial account shall be made in accordance with the following requirements and shall otherwise comply with section 408(a)(6) and the regulations thereunder, the provisions of which are herein incorporated by reference.

2. The depositor's entire interest in the custodial account must be, or begin to be, distributed not later than the depositor's required beginning date, April 1 following the calendar year in which the depositor reaches age 70½. By that date, the depositor may elect, in a manner acceptable to the custodian, to have the balance in the custodial account distributed in:

(a) A single sum or

(b) Payments over a period not longer than the life of the depositor or the joint lives of the depositor and his or her designated beneficiary.

3. If the depositor dies before his or her entire interest is distributed to him or her, the remaining interest will be distributed as follows:

(a) If the depositor dies on or after the required beginning date and:

(i) The designated beneficiary is the depositor's surviving spouse, the remaining interest will be distributed over the surviving spouse's life expectancy as determined each year until such spouse's death, or over the period in paragraph (a)(iii) below if longer. Any interest remaining after the spouse's death will be distributed over such spouse's remaining life expectancy as determined in the year of the spouse's death and reduced by 1 for each subsequent year, or, if distributions are being made over the period in paragraph (a)(iii) below, over such period.

(ii) The designated beneficiary is not the depositor's surviving spouse, the remaining interest will be distributed over the beneficiary's remaining life expectancy as determined in the year following the death of the depositor and reduced by 1 for each subsequent year, or over the period in paragraph (a)(iii) below if longer.

(iii) There is no designated beneficiary, the remaining interest will be distributed over the remaining life expectancy of the depositor as determined in the year of the depositor's death and reduced by 1 for each subsequent year.

(b) If the depositor dies before the required beginning date, the remaining interest will be distributed in accordance with paragraph (i) below or, if elected or there is no designated beneficiary, in accordance with paragraph (ii) below.

(i) The remaining interest will be distributed in accordance with paragraphs (a)(i) and (a)(ii) above (but not over the period in paragraph (a)(iii), even if longer), starting by the end of the calendar year following the year of the depositor's death. If, however, the designated beneficiary is the depositor's surviving spouse, then this distribution is not required to begin before the end of the calendar year in which the depositor would have reached age 70½. But, in such case, if the depositor's surviving spouse dies before distributions are required to begin, then the remaining interest will be distributed in accordance with paragraph (a)(ii) above (but not over the period in paragraph (a)(iii), even if longer), over such spouse's designated beneficiary's life expectancy, or in accordance with paragraph (ii) below if there is no such designated beneficiary.

(ii) The remaining interest will be distributed by the end of the calendar year containing the fifth anniversary of the depositor's death.

4. If the depositor dies before his or her entire interest has been distributed and if the designated beneficiary is not the depositor's surviving spouse, no additional contributions may be accepted in the account.

5. The minimum amount that must be distributed each year, beginning with the year containing the depositor's required beginning date, is known as the "required minimum distribution" and is determined as follows.

(a) The required minimum distribution under paragraph 2(b) for any year, beginning with the year the depositor reaches age 70½, is the depositor's account value at the close of business on December 31 of the preceding year divided by the distribution period in the uniform lifetime table in Regulations section 1.401(a)(9)-9. However, if the depositor's designated beneficiary is his or her surviving spouse, the required minimum distribution for a year shall not be more than the depositor's account value at the close of business on December 31 of the preceding year divided by the number in the joint and last survivor table in Regulations section 1.401(a)(9)-9. The required minimum distribution for a year under this paragraph (a) is determined using the depositor's (or, if applicable, the depositor and spouse's) attained age (or ages) in the year.

(b) The required minimum distribution under paragraphs 3(a) and 3(b)(i) for a year, beginning with the year following the year of the depositor's death (or the year the depositor would have reached age 70½, if applicable under paragraph 3(b)(i)) is the account value at the close of business on December 31 of the preceding year divided by the life expectancy (in the single life table in Regulations section 1.401(a)(9)-9) of the individual specified in such paragraphs 3(a) and 3(b)(i).

(c) The required minimum distribution for the year the depositor reaches age 70½ can be made as late as April 1 of the following year. The required minimum distribution for any other year must be made by the end of such year.

6. The owner of two or more traditional IRAs may satisfy the minimum distribution requirements described above by taking from one traditional IRA the amount required to satisfy the requirement for another in accordance with the regulations under section 408(a)(6).

Article V

1. The depositor agrees to provide the custodian with all information necessary to prepare any reports required by section 408(i) and Regulations sections 1.408-5 and 1.408-6.

2. The custodian agrees to submit to the Internal Revenue Service (IRS) and depositor the reports prescribed by the IRS.

Article VI

Notwithstanding any other articles which may be added or incorporated, the provisions of Articles I through III and this sentence will be controlling. Any additional articles inconsistent with section 408(a) and the related regulations will be invalid.

Article VII

This agreement will be amended as necessary to comply with the provisions of the Code and the related regulations. Other amendments may be made with the consent of the persons whose signatures appear below.

Article VIII

Article VIII may be used for any additional provisions. If no other provisions will be added, draw a line through this space. If provisions are added, they must comply with applicable requirements of state law and the Internal Revenue Code and may not imply that they have been reviewed or pre-approved by the IRS.

Depositor's signature	Date
Custodian's signature	Date
Witness' signature	Date

(Use only if signature of the depositor or the custodian is required to be witnessed.)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

Form 5305-A is a model custodial account agreement that meets the requirements of section 408(a). However, only Articles I through VII have been reviewed by the IRS. A traditional individual retirement account (traditional IRA) is established after the form is fully executed by both the individual (depositor) and the custodian. To make a regular contribution to a traditional IRA for a year, the IRA must be established no later than the due date of the individual's income tax return for the tax year (excluding extensions). This account must be created in the United States for the exclusive benefit of the depositor and his or her beneficiaries.

Do not file Form 5305-A with the IRS. Instead, keep it with your records.

For more information on IRAs, including the required disclosures the custodian must give the depositor, see **Pub. 590-A**, Contributions to Individual Retirement Arrangements (IRAs), and **Pub. 590-B**, Distributions from Individual Retirement Arrangements (IRAs).

Definitions

Custodian. The custodian must be a bank or savings and loan association, as defined in section 408(n), or any person who has the approval of the IRS to act as custodian.

Depositor. The depositor is the person who establishes the custodial account.

Traditional IRA for Nonworking Spouse

Form 5305-A may be used to establish the IRA custodial account for a nonworking spouse.

Contributions to an IRA custodial account for a nonworking spouse must be made to a

separate IRA custodial account established by the nonworking spouse.

Specific Instructions

Article IV. Distributions made under this article may be made in a single sum, periodic payment, or a combination of both. The distribution option should be reviewed in the year the depositor reaches age 70½ to ensure that the requirements of section 408(a)(6) have been met.

Article VIII. Article VIII and any that follow it may incorporate additional provisions that are agreed to by the depositor and custodian to complete the agreement. They may include, for example, definitions, investment powers, voting rights, exculpatory provisions, amendment and termination, removal of the custodian, custodian's fees, state law requirements, beginning date of distributions, accepting only cash, treatment of excess contributions, prohibited transactions with the depositor, etc. Attach additional pages if necessary.

UGMA/UTMA Account

A CUSTODIAL ACCOUNT FOR MINORS

PLANNING FOR COLLEGE WITH CUSTODIAL ACCOUNTS

Parents and students completing the FAFSA and exploring financial aid options may find themselves wishing they had started saving earlier. When it comes to college costs, a little planning can go a long way. There are several ways to save for a child's education, each with pros and cons.

One traditional method is to open a custodial account, such as a UGMA or UTMA. These accounts allow adults to invest on a child's behalf, though they don't limit spending to educational purposes—once the child reaches adulthood, they can use the funds however they choose.¹

UGMA AND UTMA CUSTODIAL ACCOUNTS

UGMA (Uniform Gifts to Minors Act) and UTMA (Uniform Transfers to Minors Act) accounts are used to hold assets for minors until they reach the age of majority in their state (usually 18–25). These accounts can hold a wide range of investments, including stocks, bonds, mutual funds, and ETFs—but typically exclude high-risk strategies like options or margin trading.

Since the assets legally belong to the minor, any unearned income is partially taxed at the child's tax rate, making these accounts somewhat tax-advantaged.²

POTENTIAL DISADVANTAGES

Tax Structure: In 2024, the first \$1,300 of a child's unearned income is tax-free, and the next \$1,300 is taxed at the child's rate (usually 10%).³ Income above \$2,600 is taxed at the parents' marginal rate (up to 37%), under the "kiddie tax" rules.⁴ This structure does not apply to Section 529 plans or Coverdell ESAs, where earnings grow tax-free if used for qualified education expenses.⁵

Control of Assets: Once the child reaches the age of majority (varies by state), control of the account must be turned over. The child then has full discretion to use the funds as they wish, whether or not the money is used for college.⁶

TAX BENEFITS

UGMA/UTMA accounts can provide tax advantages, especially for modest investment income:

2024 Kiddie Tax Thresholds:

- First \$1,300 = tax-free
- Next \$1,300 = taxed at child's rate
- Above \$2,600 = taxed at parent's rate
- (These will rise to \$1,350/\$2,700 in 2025.)

Annual Gift Tax Exclusion:

- \$18,000 per recipient in 2024
- \$19,000 per recipient in 2025
- Contributions above these amounts must be reported on IRS Form 709 and count toward the donor's lifetime gift/estate tax exemption.

Lifetime Gift/Estate Tax Exemption:

- \$13.61 million per individual in 2024
 - \$13.99 million in 2025 (subject to sunset in 2026 unless Congress extends it)
 - Unlike 529 plans, earnings in UGMA/UTMA accounts are not tax-deferred and must be reported annually.⁷
-

ELIGIBLE EXPENSES

Custodians may withdraw funds to cover legitimate expenses that benefit the child, such as educational, healthcare, or enrichment activities. However, once the account transfers to the child, the funds can be used for anything—including non-educational expenses like travel, vehicles, or lifestyle purchases.⁸

IMPACT ON FINANCIAL AID (FAFSA)

UGMA/UTMA accounts are considered student-owned assets on the FAFSA, which significantly reduces eligibility for need-based aid. Approximately 20% of the account balance is expected to be applied toward college costs each year, compared to 5.6% or less for parent assets.⁹

Additionally, investment income reported on the student's tax return is assessed at 50% for aid purposes. By comparison, 529 plans owned by a parent are treated much more favorably.

CONTRIBUTION RULES

There are no formal contribution limits for UGMA/UTMA accounts. However:

- Contributions above the annual exclusion (\$18,000 in 2024, \$19,000 in 2025) require a gift tax return.
 - All contributions are irrevocable and become the property of the minor.
 - Excess contributions apply toward the lifetime exemption (up to \$13.61 million in 2024).
 - Consult a financial or tax advisor if you plan to contribute large amounts.¹⁰
-

UNUSED FUNDS AND AGE OF MAJORITY

UGMA/UTMA accounts must be transferred to the child at the age of majority, which varies by state:

- UGMA accounts typically transfer at age 18
 - UTMA accounts may transfer at age 21, or up to 25 if allowed by the state and specified at account setup
 - Once control is transferred, the account becomes a standard brokerage account in the beneficiary's name. Unlike 529 plans or trusts, UGMA/UTMA accounts cannot be reassigned to another child.¹¹
-

KEY TAKEAWAYS

- **Simple to set up:** No need to establish a trust
 - **Minor owns the assets:** Control transfers between ages 18–25
 - **Taxable annually:** No tax deferral like a 529 plan
 - **No education restrictions:** Funds can be used for any purpose
 - **May reduce financial aid:** Consider FAFSA impact
-

MANAGING A CHILD'S ASSETS UNTIL ADULTHOOD

UGMA/UTMA accounts are a flexible way to gift money or manage a child's assets—whether the funds come from gifts, inheritance, or investment returns. However, they do not offer the same level of control, flexibility, or tax benefits as a 529 plan or a trust.

Families should carefully weigh the benefits of custodial accounts against their downsides, especially if college financial aid or long-term control of funds is a concern.

Traditional IRA Custodial Account

FORM 5305-A

HOW CUSTODIAL ACCOUNTS WORK

- **Opening the Account:** A custodian opens the account for a named minor
- **Contributing Assets:** Anyone can contribute, but all gifts are irrevocable
- **Investment Management:** The custodian manages investments
- **Ownership Transfer:** At majority, the custodian must transfer the account

TIMOTHY PLAN POLICY

At Timothy Plan, if the child reaches the age of majority and the transfer hasn't occurred, the account may be restricted until ownership is transferred. Custodians can typically initiate the transfer online and must provide documentation (e.g., proof of age) to re-register the account in the beneficiary's name.

OTHER TYPES OF CUSTODIAL ACCOUNTS

Roth IRA for Kids: Tax-advantaged retirement savings for children with earned income. Control shifts at the age of majority, and early withdrawals may be penalized.

Coverdell ESA: Allows \$2,000/year in contributions for educational use. Income limits apply for contributors.

529 College Savings Plans: Not technically custodial accounts, but offer tax-free growth and more control over educational use. They also provide better financial aid treatment.

CONSIDERATIONS FOR UGMA/UTMA BROKERAGE ACCOUNTS

Irrevocable Gifts: The money becomes the child's and must be used for their benefit

Gift Tax Rules: Annual and lifetime limits apply

Taxable Income: Investment gains are taxed annually

No Usage Restrictions: After age of majority, funds can be spent freely

Financial Aid Impact: Treated as student-owned assets, which may reduce aid

IS A CUSTODIAL ACCOUNT RIGHT FOR YOU?

Choose a UGMA or UTMA account if you:

- Want a simple way to gift or save money for a child
- Don't mind the funds eventually becoming the child's full responsibility
- Aren't relying heavily on need-based financial aid
- If you want more control, tax advantages, or better aid treatment, a 529 plan or trust may be a better choice.

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IMPORTANT: Tax laws and financial aid rules change frequently. Always consult a qualified tax advisor or financial planner to confirm how current regulations apply to your situation.

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APPLICATIONS MUST BE PRECEDED OR ACCOMPANIED BY A TIMOTHY PLAN PROSPECTUS.

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