## **Non-Retirement Accounts**

UGMA/UTMA SUCCESSOR CUSTODIAN DESIGNATION

| Current Account Registration | on |
|------------------------------|----|
|------------------------------|----|

| Account Information                                                                                                                   |                                                                                                                                                                                                                                                                                                                 |       |                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------|--|
| FOR ASSISTANCE with this form, call Shareholder Services at (800) 662-0201, or Timothy Plan at (800) 846-7526.                        | MINOR'S NAME (First, Initial, Last)                                                                                                                                                                                                                                                                             |       | TAXPAYER ID NUMBER OR |  |
| 111110th y 1 lan at (555) 545 7525.                                                                                                   | MINOR'S ADDRESS                                                                                                                                                                                                                                                                                                 |       |                       |  |
| COMPLETE AS NAME(S) APPEAR ON<br>APPLICATION OR MOST RECENT<br>STATEMENT.                                                             |                                                                                                                                                                                                                                                                                                                 |       |                       |  |
|                                                                                                                                       | CUSTODIAN'S NAME (First, Initial, Last)                                                                                                                                                                                                                                                                         |       | TAXPAYER ID NUMBER OR |  |
|                                                                                                                                       | CUSTODIAN'S ADDRESS                                                                                                                                                                                                                                                                                             |       |                       |  |
| Successor Custod                                                                                                                      | ian Designation                                                                                                                                                                                                                                                                                                 |       |                       |  |
| Instructions                                                                                                                          | SUCCESSOR CUSTODIAN LISTED IN ORDER OF SUCCESS                                                                                                                                                                                                                                                                  | ION:  |                       |  |
| In the event the custodian named in<br>the application cannot or will not serve as<br>custodian at anytime during the lifetime of the |                                                                                                                                                                                                                                                                                                                 |       |                       |  |
| UGMA/UTMA, the persons named hereon are designated a successor custodian in the order n which they are listed.                        | NAME OF FIRST SUCCESSOR CUSTODIAN (First, Initial, Lost)                                                                                                                                                                                                                                                        |       | SSN                   |  |
|                                                                                                                                       | ADDRESS                                                                                                                                                                                                                                                                                                         |       |                       |  |
|                                                                                                                                       | CITY                                                                                                                                                                                                                                                                                                            | STATE | ZIP                   |  |
|                                                                                                                                       |                                                                                                                                                                                                                                                                                                                 |       |                       |  |
|                                                                                                                                       | DAYTIME PHONE NUMBER EMAIL (optional)                                                                                                                                                                                                                                                                           |       |                       |  |
|                                                                                                                                       |                                                                                                                                                                                                                                                                                                                 |       |                       |  |
|                                                                                                                                       | NAME OF SECOND SUCCESSOR CUSTODIAN (First, Initial, Last)                                                                                                                                                                                                                                                       |       | SSN                   |  |
|                                                                                                                                       | ADDRESS                                                                                                                                                                                                                                                                                                         |       |                       |  |
|                                                                                                                                       | СІТУ                                                                                                                                                                                                                                                                                                            | STATE | ZIP                   |  |
|                                                                                                                                       | DAYTIME PHONE NUMBER EMAIL (optional)                                                                                                                                                                                                                                                                           |       |                       |  |
| Current Owner<br>Authorization                                                                                                        | Before signing, it is recommended that you seek the advice of an attorney with respect to the legal consequences of signing t direction. Neither Timothy Partners, Ltd. nor any Fund or any agent or affiliate thereof is responsible for determining the legal at tax consequences to you and your successors. |       |                       |  |
| MARNING. This application will not be processed unless signed by the person esablishing the UGMA/UTMA.                                |                                                                                                                                                                                                                                                                                                                 |       |                       |  |
| •                                                                                                                                     | SIGNATURE OF PERSON ESTABLISHING THE UGMA/UTMA                                                                                                                                                                                                                                                                  |       |                       |  |
|                                                                                                                                       | DATE                                                                                                                                                                                                                                                                                                            |       |                       |  |
|                                                                                                                                       | SIGNATURE OF JOINT ACCOUNT OWNER                                                                                                                                                                                                                                                                                |       |                       |  |
|                                                                                                                                       |                                                                                                                                                                                                                                                                                                                 |       |                       |  |
|                                                                                                                                       | DATE                                                                                                                                                                                                                                                                                                            |       |                       |  |