



# Retirement & Non-Retirement Accounts

ACCOUNT CHANGE FORM

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## Account Registration

### Individual & Joint Accounts

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

#### FORM USE:

Use this form to add or change account preference and options on your existing mutual fund account.

Complete separate forms for accounts that are not identically registered.

Mailed or faxed forms are excepted unless a Medallion Signature Guarantee stamp is required then mail the original form.

OWNER'S NAME (S) (as shown on your statement if an existing account)

DATE OF BIRTH

ADDRESS (physical address)

CITY

STATE

ZIP

DAYTIME PHONE NUMBER

JOINT OWNER'S NAME (S) (as shown on your statement if an existing account)

DATE OF BIRTH

ADDRESS (physical address)

CITY

STATE

ZIP

DAYTIME PHONE NUMBER

### Fund Information

Please indicate the Fund(s) you would like to update.

FUND NAME(S)

CLASS

ACCOUNT NUMBER

1.

ACI

2.

ACI

3.

ACI

4.

ACI

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## Address Update

### Address Update

ADDRESS

CITY

STATE

ZIP

NOTE: If you are using a P.O. Box for a mailing address you must also include your physical street address.

ADDRESS (if different than above)

CITY

STATE

ZIP

NEW PHONE NUMBER

UPDATED EMAIL (optional)



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### Account Service Options

#### Bank Information

The bank account designated must have check or draft writing privileges.

**WARNING.** Redemptions to a newly added or updated bank account will require the request to come in writing with a Medallion Signature Guarantee.

REQUEST TYPE:

- ☐ Add bank information.  
☐ Update bank information.

**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.

NAME OF BANK

BANK'S PHONE NUMBER

ABA ROUTING NUMBER

BANK ADDRESS

NAME (S) ON BANK ACCOUNT

BANK ACCOUNT NUMBER

ACCOUNT TYPE:

- ☐ CHECKING  
☐ SAVINGS

#### 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.

#### Dividend & Capital Gains Distribution

All dividends and capital gains will be reinvested 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 Bank Information above.)

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### Acknowledgment

#### Your Signature

**WARNING.** This application will not be processed unless signed by the Account Owner(s).

**SIGNATURE GUARANTEE:** A Signature Guarantee Medallion Stamp is required to modify an existing account. You may have your signature guaranteed by a commercial bank, savings bank, credit union, a trust company or a member of a national securities exchange. An acceptable signature must contain the words "signature guaranteed" and the institution's name. It is not required for new accounts.

I authorize the Fund and its agents to act upon instructions (by phone, in writing, on-line or by other means) believed to be genuine and in accordance with procedures described in the prospectus for this account or any account into which exchanges are made. I agree that neither the Funds nor the transfer agent will be liable for any loss, cost or expenses for acting on such instructions, provided the Fund employs reasonable procedures to confirm that instructions communicated are genuine.

By signing and including bank information, I authorize credits/debits to/from the bank account referenced in conjunction with the account option(s) selected. I agree that Ultimus Fund Solutions shall be fully protected in honoring any such transaction. I also agree that Ultimus Fund Solutions may make additional attempts to debit/credit my account if the initial attempt fails and I will be liable for any associated costs. All account options elected will become part of the account application and the terms, representations and conditions thereof.

SIGNATURE OF PRIMARY ACCOUNT OWNER

DATE

SIGNATURE OF JOINT ACCOUNT OWNER

DATE

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### Mailing Your Request

#### 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