Current Custodian / Financial Institution	Constellation Trust Company NAME OF FINANCIAL INSTITUTION (Trustee, Custodian or Employer) ACCOUNT NUMBER PHONE NUMBER					
TIMATCIAL INSTITUTION ATTACH a copy of your recent account	Post Office Box 46407	Cincinnati	ACCOUNT NUMBER PHONE NUMBER Cincinnati OH 45246-0			
statement from your present Custodian.	ADDRESS	CITY,	STATE	ZIP		
Inherited IRA Info	ormation					
Type of IRA	☐ Traditional ☐ Roth ☐ SEP ☐ SIMPLE IRA ACCOUNT/PLAN NUMBER					
Deceased IRA Ov	vner Information					
Account Being Inherited						
This form may be used by the spouse beneficiary of a deceased IRA owner who died after	NAME OF DECEASED IRA OWNER	ACCOUNT NUMBER	TAXPAYER ID NUN	IBER or SSN		
December 31, 2019, to request the transfer of an Inherited IRA to the spouse's own IRA.	DATE OF BIRTH DATE OF DEATH					
Inherited Owner Information	NAME (First, Initial, Last)	GENDER: O Male O Female DATE OF BIRTH				
	NAME (First, Initial, Last) RESIDENCE ADDRESS	GENDER: O Male O Female DATE OF BIRTH CITY,	STATE	ZIP		
Information FOR ASSISTANCE with this form, call Shareholder Services at (800) 662-0201, or the			STATE	ZIP		
Information 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	RESIDENCE ADDRESS	сіту,	STATE			
Information 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	RESIDENCE ADDRESS MAILING ADDRESS	сіту,	STATE			
Information 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. Eligibility	RESIDENCE ADDRESS MAILING ADDRESS	CITY, CITY, TIMOTHY PLAN ACCOUNT N	STATE STATE	ZIP		
Information 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.	RESIDENCE ADDRESS MAILING ADDRESS DAYTIME PHONE NUMBER TAXPAYER ID NUMBER	city, corssn TIMOTHY PLAN ACCOUNT N eligibility for transferring the Inherited ear? YE	STATE STATE	ZIP		

penalty and additional tax.

SPOUSE BENEFICIARY REQUEST TO ASSUME OWNERSHIP OF IRA

6 Transfer Instructions

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

COMPLETE AS NAME(s) APPEAR ON ACCOUNT STATEMENT.

/ III Ouii				
Amount: \$				
IRA Type (receiving IRA):	☐ Traditional	Roth	☐ SEP	☐ SIMPLE
required distribution				A, it is my responsibility to withdraw such
sociated with the in	herited IRA assets	for the curr	ent year and	d that if there is a required distribution as- the required distribution was not satisfied A, it is my responsibility to withdraw such
THE RECEIVING IRA TYP	E AND IRA/PLAN N	UMBER BELO	W:	

7 Acknowledgment

Your Signature

WARNING. This application will not be processed unless signed by the Account Owner. By signing this Spouse Beneficiary Request to Assume Ownership of IRA form, I certify that the information I have provided is true and correct. I authorize the IRA Trustee/Custodian to transfer the Inherited IRA to my own IRA as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this transfer and I assume all responsibilities for any consequences that arise resulting from my actions. I agree to indemnify and hold the IRA Trustee/Custodian harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the IRA Trustee/Custodian

SIGNATURE OF SPOUSE BENEFICIARY

DATE

8 Mailing Your Application

Return Completed Form

USE YOUR PREFERRED MAILING METHOD.

REGULAR DELIVERY:

SIGNATURE OF IRA TRUSTEE/CUSTODIAN

Timothy Plan c/o Ultimus Fund Solutions, LLC PO Box 46707, Cincinnati, OH 45246-0707 OVERNIGHT DELIVERY: