



Roth IRA

NEW ACCOUNT APPLICATION

1 Account Registration

Check here if amendment.

IRA Owner Information

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

ESTABLISHED AFTER DEATH. Check to indicate the IRA is established after the death of the individual named on the right, with either a direct rollover or transfer. If checked, complete "Beneficiary IRA Owner Information" below.

NAME (First, Initial, Last) | DECEASED'S NAME (Inherited IRA) GENDER: Male Female DATE OF BIRTH DATE OF DEATH (if applicable)

ADDRESS

CITY STATE ZIP U.S. CITIZENSHIP STATUS:
 CITIZEN
 RESIDENT ALIEN
 NONRESIDENT ALIEN

DAYTIME PHONE NUMBER EMAIL (optional) TAXPAYER ID NUMBER or SSN

Your Beneficiaries

! **WARNING.** If you do not name beneficiaries, your account will be paid out to your estate, and probably be subject to probate.

! **SPOUSAL CONSENT:** If you live in a marital or community property state, and your spouse is not the sole primary beneficiary, your spouse must sign the Spousal Consent under Item 5 of this form.

I designate the following (as indicated):

PRIMARY BENEFICIARY(IES), to receive the percentage indicated of my Roth IRA Account in the event of my death.

CONTINGENT BENEFICIARY(IES), to receive the percentage indicated of my Roth IRA Account in the event of the death of my primary beneficiary(ies).

After your death, the Roth IRA assets will be distributed in equal shares (unless indicated otherwise) to the primary beneficiaries who survive you. You may revoke or change the beneficiary designation at any time by completing a new IRA Change of Beneficiary Form and providing it to the Custodian.

+ **TRUSTS:** To name a trust as your beneficiary, attach to this form either a copy of the pertinent pages of the trust agreement or a certification, in writing, acceptable to the IRA Custodian.

i **PERCENTAGES:** All stated percentages must be whole percentages (e.g., 33%, not 33.3%). If the percentages do not add up to 100%, each beneficiary's share will be based proportionately on the stated percentages.

1.	<input type="radio"/> PER STIRPES	%
BENEFICIARY NAME	TYPE: <input type="radio"/> Primary <input type="radio"/> Contingent	DATE OF BIRTH RELATIONSHIP PERCENTAGE
ADDRESS		TAXPAYER ID NUMBER or SSN
2.	<input type="radio"/> PER STIRPES	%
BENEFICIARY NAME	TYPE: <input type="radio"/> Primary <input type="radio"/> Contingent	DATE OF BIRTH RELATIONSHIP PERCENTAGE
ADDRESS		TAXPAYER ID NUMBER or SSN
3.	<input type="radio"/> PER STIRPES	%
BENEFICIARY NAME	TYPE: <input type="radio"/> Primary <input type="radio"/> Contingent	DATE OF BIRTH RELATIONSHIP PERCENTAGE
ADDRESS		TAXPAYER ID NUMBER or SSN
4.	<input type="radio"/> PER STIRPES	%
BENEFICIARY NAME	TYPE: <input type="radio"/> Primary <input type="radio"/> Contingent	DATE OF BIRTH RELATIONSHIP PERCENTAGE
ADDRESS		TAXPAYER ID NUMBER or SSN

PER STIRPES: IF YOU WANT THE CHILDREN OF A BENEFICIARY YOU LISTED TO INHERIT THAT BENEFICIARY'S SHARE (IF THAT BENEFICIARY PREDECEASES YOU), CHECK THE PER STIRPES BOX(ES) ABOVE. THIS WILL OVERRIDE ANY SELECTIONS BELOW.

IF YOU DID NOT SELECT PER STIRPES, SELECT THE FOLLOWING THAT ACCURATELY REFLECTS YOUR WISHES FOR THOSE WHO ARE NOT DESIGNATED PER STIRPES. YOU MAY ALSO ATTACH A SEPARATE DESIGNATION DULY SIGNED, DATED AND WITNESSED.

- The share of a primary beneficiary who predeceases me** shall go to the primary beneficiary(ies) who survive me in the ratio that each such surviving primary beneficiary's(ies') percentage bears to the total percentage of all surviving primary beneficiary(ies).
- The share of a primary beneficiary who predeceases me** shall go to the contingent beneficiary(ies) who survive me in the ratio that each such surviving contingent beneficiary's(ies') percentage bears to the total percentage of all surviving contingent beneficiary(ies).

Beneficiary Roth IRA Owner Information

i **NOTE:** Beneficiary Roth IRAs may only be established with assets acquired by a beneficiary due to the death of the individual named above.

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

ADDRESS

CITY STATE ZIP U.S. CITIZENSHIP STATUS:
 CITIZEN
 RESIDENT ALIEN
 NONRESIDENT ALIEN

DAYTIME PHONE NUMBER EMAIL (optional) TAXPAYER ID NUMBER or SSN

Contribution Information

Source of Funds

+ SPECIAL INSTRUCTIONS:
Recharacterization: An irrevocable recharacterization election must be provided to the IRA Custodian.
Employer SEP Contribution: Complete and retain Form 5305-SEP.
Direct Transfer: Complete and attach an IRA Transfer form.
Rollover: Complete and attach an IRA Direct Rollover form.
SIMPLE: May not be converted to a Roth IRA until two years have elapsed from your initial participation in your employer's SIMPLE IRA plan.

⚠️ 60 DAYS: Rollover contributions typically must be made within 60 days of distribution. Rollover contributions beyond 60 days will only be accepted if accompanied by a Self-Certification of Late Rollover/Conversion form.

* We will not withhold federal taxes on re-characterizations.

Regular/Spousal Contribution Amount: \$ _____ Tax Year: 20____
 Conversion Amount: \$ _____ Current Account/Plan Number: _____
 TYPE: Traditional IRA SEP IRA SIMPLE IRA

Recharacterization*
 Direct Transfer from a Roth IRA
 Rollover

SOURCE: Roth IRA Employer-Sponsored Plan (e.g., 401(a), 401(k), 403(b), governmental 457(b))

IS THE ROLLOVER BEING COMPLETED WITHIN 60 DAYS OF RECEIPT OF THE DISTRIBUTION?

YES, Rollover is within 60 days of receipt of the distribution. **NO**, Rollover is **NOT** within 60 days of receipt of the distribution. **Not Applicable**, this is a **DIRECT** rollover from an employer-sponsored plan.
 Self-Certification of Late Rollover/Conversion form is attached

Repayment of:
 Qualified Birth or Adoption Distribution(s) Withdrawal(s) for Terminal Illness
 Qualified Reservist Distribution(s) Emergency Personal Expense Distribution(s)
 Qualified Disaster Recovery Distribution(s) Eligible Distribution(s) to Domestic Abuse Victim

Other Explain: _____

Group Plan

Yes. This account will be part of a group plan. EMPLOYER NAME _____ PLAN NUMBER _____

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. _____

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.

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	20____ INDIVIDUAL CONTRIBUTION	20____ INDIVIDUAL CONTRIBUTION	ALLOCATION
1. _____	<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	\$ _____	\$ _____	\$ _____ %
3. _____	<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	\$ _____	\$ _____	\$ _____ %
5. _____	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> I	\$ _____	\$ _____	\$ _____ %

4 Payment Method

Payment Method

You can open your account using any of these methods. Please check your choice.

+ DIRECT TRANSFERS: Complete and attach the Roth IRA Transfer Request Form.

- 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.)
- Direct Transfer** (Funds will be transferred directly from another IRA, SEP-IRA or retirement plan.)
- Other** _____

5 Account Service Options

Automatic Investment Plan

i NOTE: Contributions made to your IRA using the automatic investment option will be for the current tax year.

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

! BENEFICIARY IRAS: Do not complete this section for Beneficiary IRAs.

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.

- Amount (minimum \$50 per account, per month or equivalent): \$ _____
- Frequency (choose one):
 - Semi-Monthly
 - Monthly
 - Quarterly
 - Semi-Annually
 - Annually
- Day in which deposit should begin (or the first business day thereafter, if a holiday or weekend): _____
- Month in which deposit should begin: _____
- Fund(s): _____

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

Distribution Plan

To establish a Distribution Plan (to receive payments to you from this account), please contact Constellation Trust Company at (800) 662-0201.

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.


6 Acknowledgment

Your Signature

 Warning. This application cannot be processed unless signed below by the Traditional (or Inherited) IRA Owner.

CURRENT MARITAL STATUS

- I am not married – I understand that if I become married in the future, I must complete a new beneficiary designation that includes the spousal consent provisions.
- I am married – I understand that if I designate a primary beneficiary other than my spouse, my spouse must sign below.

 **NOTE:** The Fund Custodian, Constellation Trust Company, charges \$25.00 per account number in connection with plan establishment and maintenance, of which, \$5.00 is remitted to the fund underwriter, Timothy Partners, Ltd.

By signing this Roth IRA Application, I certify that the information I have provided is true, correct, and complete, and the Custodian (Constellation Trust Company, Post Office Box 46707, Cincinnati, OH 45246-0707) may rely on what I have provided. In addition, I have read and received copies of the Roth IRA Application, IRS Form 5305-RA, Disclosure Statement and Financial Disclosure, including the applicable fee schedule. I agree to be bound to their terms and conditions. I understand that I am responsible for the Roth IRA transactions I conduct, and I will indemnify and hold the Custodian harmless from any consequences related to executing my directions. If I have indicated any amounts as “carryback” contributions, I understand the contributions will be credited for the prior tax year. I understand that if the deposit establishing the Roth IRA contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. If I am an Inherited Roth IRA Owner, I understand the distribution requirements and the contribution limitations applicable to Inherited Roth IRA Owners. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

SIGNATURE OF ROTH IRA OWNER (OR INHERITED ROTH IRA 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, Federal law requires all financial institutions (including mutual funds) to obtain, verify, and record information that identifies each person who opens an account. The information you provide 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**.

Spousal Consent

Roth IRA owners who reside in or whose IRA is located in a community or marital property state should review this section. This section may have important tax consequences to you and your spouse so please consult with a competent advisor prior to completing. If this is an Inherited Roth IRA, seek competent legal/tax advice to see if spousal consent is required. If you are not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions.

 **NOTARY IS REQUIRED.**

CONSENT OF SPOUSE

By signing below, I acknowledge that I am the spouse of the Roth IRA Owner and agree with and consent to my spouse’s designation of a primary beneficiary other than, or in addition to, me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Custodian has not provided me any legal or tax advice.

SIGNATURE OF SPOUSE DATE

THE ABOVE CONSENT WAS SIGNED AND ACKNOWLEDGED BEFORE ME ON THIS

_____ day of _____, 20_____.

My commission expires: _____

SIGNATURE OF NOTARY PUBLIC

Acceptance by Custodian

CUSTODIAN USE ONLY.

The undersigned, as Custodian under the Plan, accepts the above Account and acknowledges receipt and acceptance of the Beneficiary Designation. Accepted by:

CONSTELLATION TRUST COMPANY DATE

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