



Traditional or SEP 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: <input type="radio"/> Male <input type="radio"/> Female	DATE OF BIRTH	DATE OF DEATH (if applicable)
ADDRESS				
CITY		STATE	ZIP	U.S. CITIZENSHIP STATUS: <input type="radio"/> CITIZEN <input type="radio"/> RESIDENT ALIEN <input type="radio"/> 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 6 of this form.

I designate the following (as indicated):

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

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

After your death, the Traditional 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).

Inherited IRA Owner

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

See your tax professional to determine if you may establish an "Inherited IRA." Inherited IRA's may only be established via a transfer from another Inherited IRA or via a direct rollover of employer plan asset acquired by a nonspouse beneficiary due to the death of the individual named above.

NAME (First, Initial, Last)	GENDER: <input type="radio"/> Male <input type="radio"/> Female	DATE OF BIRTH
ADDRESS		
CITY	STATE	ZIP
U.S. CITIZENSHIP STATUS: <input type="radio"/> CITIZEN <input type="radio"/> RESIDENT ALIEN <input type="radio"/> NONRESIDENT ALIEN		
DAYTIME PHONE NUMBER	EMAIL (optional)	TAXPAYER ID NUMBER OR SSN

2 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 transferred or rolled over to a Traditional 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.

Regular/Spousal Contribution Amount: \$ _____ Tax Year: 20 _____

Recharacterization

Employer SEP Contribution Amount: \$ _____

Direct Transfer Source: **Traditional IRA** **SEP IRA** **SIMPLE IRA**

Rollover Source: **Traditional IRA** **SEP IRA** **SIMPLE 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.

NAME OF EMPLOYER _____

EMPLOYER'S PHONE NUMBER _____

PLAN NUMBER _____

EMPLOYER ADDRESS _____

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.**

3 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 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 Inherited 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.

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

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.

Rights of Accumulation

Certain guidelines may apply.

I would like to use the combined assets in the following account(s): _____ to qualify for reduced sales charges.

Duplicate Account Statement

YES, Please send a duplicate account statement to:

NAME (First, Initial, Last) _____

FULL ADDRESS _____

REQUIRED MINIMUM DISTRIBUTION INFORMATION

Rollover of employer plan distribution to IRA by plan participant or former spouse of plan participant. If your contribution is a rollover from an employer plan and you are a plan participant (or the former spouse of the plan participant) of the distributing employer-sponsored plan, required minimum distributions from the plan are not eligible for rollover and must be satisfied prior to the rollover.

Rollover of employer plan distribution to IRA by spouse beneficiary of plan participant. If your contribution is a rollover of a distribution you received from an employer plan you inherited from your spouse, required minimum distributions, including any "hypothetical required minimum distributions" from the plan are not eligible for rollover and must be satisfied prior to the rollover.

Rollover or conversion of IRA distribution by IRA owner. If your contribution is a rollover from an IRA and you are the IRA owner (or the

former spouse of the IRA owner) of the distributing IRA must satisfy the required minimum distributions from all my Traditional, SEP and SIMPLE IRAs prior to the rollover/conversion and must be satisfied prior to the rollover/conversion.

Rollover of Inherited IRA distribution by spouse beneficiary. If your contribution is a rollover of a distribution you received from an IRA that you inherited from your spouse, required distributions, including any "hypothetical required minimum distributions" from all the IRAs* inher-

ited from your spouse are not eligible for rollover and must be satisfied prior to the rollover.

* If the distributing Inherited IRA is a Roth IRA, required distributions for all Roth IRAs inherited from your spouse must be satisfied prior to the rollover. If the distributing Inherited IRA is a Traditional, SEP or SIMPLE IRA, required distributions for all Traditional, SEP and SIMPLE IRAs inherited from your spouse must be satisfied prior to the rollover.

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.

i 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 Traditional or SEP 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 Traditional or SEP IRA Application, IRS Form 5305-A, 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 Traditional 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 Traditional or SEP IRA contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. If I am an Inherited IRA Owner, I understand the distribution requirements and the contribution limitations applicable to Inherited 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 TRADITIONAL IRA OWNER (or Inherited 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

Traditional 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 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.

CONSENT OF SPOUSE

By signing below, I acknowledge that I am the spouse of the 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

🔒 NOTARY IS REQUIRED.

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