



# Traditional or SEP IRA

REQUEST FOR DIRECT ROLLOVER

## 1 Account Information

### Participant / Owner Information

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

PLAN PARTICIPANT NAME (First, Initial, Last) \_\_\_\_\_ GENDER:  Male  Female \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME PHONE NUMBER \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ TIMOTHY PLAN ACCOUNT NUMBER (if any) \_\_\_\_\_

## 2 Transferring Plan Information

### Employer's Plan

**i** PLAN ADMINISTRATOR: Please send the assets of the above employee as identified in Section 3, "Rollover Instructions."

NAME OF EMPLOYER'S PLAN \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ DAYTIME PHONE NUMBER \_\_\_\_\_

## 3 Direct Rollover Instructions

### Assets to be Transferred

PLEASE SEE ADDITIONAL INFORMATION INCLUDED WITH THIS FORM.

**i** NOTE: Penalties and market fluctuation may affect the distribution amount.

**!** WIRE TRANSFERS: If you choose to wire-transfer your funds, contact your financial organization for information regarding any incoming or outgoing wire-transfer fees that may apply.

A. PAYMENT AMOUNT:  My entire Retirement Account.  A portion of my Retirement Account. \$ \_\_\_\_\_

B. PAYMENT SCHEDULE:  Immediately liquidate all investments and send cash proceeds.  Liquidate the investments as identified below:

FUND(S) TO BE LIQUIDATED	ACCOUNT NUMBER	AMOUNT TO BE TRANSFERRED	SENT DATE
1. _____	_____	\$ _____ %	_____
2. _____	_____	\$ _____ %	_____
3. _____	_____	\$ _____ %	_____

## 4 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*	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	\$ _____ %



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## Acknowledgment

### Your Signature

**WARNING.** This application will not be processed unless signed below by the Traditional IRA Owner (or Inherited IRA Owner).

**SIGNATURE GUARANTEE:** Your current trustee/custodian may require a guaranteed signature. Contact them for signature requirements.

I certify that I have established the appropriate IRA account with the Timothy Plan, of which Constellation Trust Company is the transferee custodian/trustee. I certify that the information contained on this form is true and correct. I direct the plan administrator to send my assets as set forth in this form. I understand that my direct rollover is irrevocable. I understand I should seek the guidance of a tax or legal professional with regard to this decision. I understand that if I establish a separate conduit account, it is my responsibility to keep my conduit account separate from my other accounts. I understand that my custodian/trustee cannot provide legal advice. I indemnify and agree to hold the custodian/trustee harmless against any liabilities. I assume full responsibility for the consequences of this direct rollover decision.

\_\_\_\_\_  
SIGNATURE OF IRA OWNER  
*(or Inherited IRA Owner)*

\_\_\_\_\_  
DATE

### To Current Trustee / Custodian

FOR SUCCESSOR AND CURRENT CUSTODIAN ONLY.

The custodian/trustee signing below agrees to accept custodianship/trusteeship, and the direct rollover assets described above, for the Timothy Plan traditional IRA established on behalf of the above-named IRA owner.

\_\_\_\_\_  
CONSTELLATION TRUST COMPANY

\_\_\_\_\_  
DATE

#### DELIVERY INSTRUCTIONS

A. IRA Account Number \_\_\_\_\_

B. Make check payable to or certificate registration in the name of \_\_\_\_\_

as  Custodian  Trustee for the  Traditional  SIMPLE IRA of \_\_\_\_\_



## 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

FOR ADDITIONAL GUIDANCE. It is in your best interest to seek the guidance of your tax or legal professional before completing this document. For additional assistance, refer to your employer's plan document, the summary plan description you received when you entered the plan, or the notice of taxation you received when you became eligible for a distribution. For more information, refer to Internal Revenue Service (IRS) Publication 590—Individual Retirement Arrangements, IRS Publication 560—Retirement Plans for Small Business, your local IRS office, or the IRS's web site at [www.irs.gov](http://www.irs.gov).