



Retirement & Non-Retirement Accounts

AUTOMATIC INVESTMENT PLAN

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Account Registration

Individual & Joint Accounts

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

i SOCIAL SECURITY NUMBER is required in this section.

NAME (First, Initial, Last)

TAXPAYER ID NUMBER OR SSN

JOINT NAME (if applicable)

TAXPAYER ID NUMBER OR SSN

DAYTIME PHONE NUMBER

TIMOTHY PLAN ACCOUNT NUMBER (if established)

PLAN TYPE: (Select One)

- Individual
- Joint Tenant
- Traditional IRA
- Rollover IRA
- Roth IRA
- SEP-IRA
- SIMPLE
- Inherited (Beneficiary) IRA

UGMA/UTMA & Custodial Accounts

i SOCIAL SECURITY NUMBER is required in this section.

MINOR'S NAME (First, Initial, Last)

MINOR'S SSN

FORM (if applicable)

DAYTIME PHONE NUMBER

TIMOTHY PLAN ACCOUNT NUMBER (if established)

PLAN TYPE: (Select One)

- Uniform Gift to a Minor (UGMA)
- Uniform Transfer to a Minor (UTMA)

Business Entity & Trust Accounts

i AN EMPLOYER IDENTIFICATION NUMBER (EIN) OR SOCIAL SECURITY NUMBER is required in this section.

+ CORPORATION, LLC, PARTNERSHIPS: Please attach a duly executed resolution.

+ TRUSTS: Please attach the declaration page, designation of Trustee, Trustee's authority to transact securities transactions, and Trust signature page.

NAME OF TRUST / ORGANIZATION

EIN OR SSN

CUSTODIAN (if applicable)

DATE OF TRUST AGREEMENT

DAYTIME PHONE NUMBER

TIMOTHY PLAN ACCOUNT NUMBER (if established)

NAME OF TRUSTEE(S) / AUTHORIZED SIGNER(S)

NAME OF TRUSTEE(S) / AUTHORIZED SIGNER(S)

INSTITUTIONAL TYPE: (Select One)

- Trust
- Sole Proprietorship
- Corporation
- LLC
- Other (Please specify below)

Coverdell Account

DESIGNATED BENEFICIARY (First, Initial, Last)

RESPONSIBLE INDIVIDUAL (if applicable)

DEPOSITOR'S NAME (First, Initial, Last)

DEPOSITOR'S PHONE NUMBER

TIMOTHY PLAN ACCOUNT NUMBER (if established)

A

Retirement & Non-Retirement Accounts

AUTOMATIC INVESTMENT PLAN

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Account Service Options

Automatic Investment Plan

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

Semi-Annually

Monthly

Annually

Quarterly

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: _____

5. Invest in the following funds:

FUND NAME(S)	CLASS	AMOUNT
1. _____	<input type="checkbox"/> A <input type="checkbox"/> C	\$ _____ %
2. _____	<input type="checkbox"/> A <input type="checkbox"/> C	\$ _____ %
3. _____	<input type="checkbox"/> A <input type="checkbox"/> C	\$ _____ %
4. _____	<input type="checkbox"/> A <input type="checkbox"/> C	\$ _____ %

CHECKING OR SAVINGS ACCOUNT INFORMATION

NAME OF BANK _____ BANK'S PHONE NUMBER _____ ABA ROUTING NUMBER _____

NAME(S) ON BANK ACCOUNT _____ BANK ACCOUNT NUMBER _____ ACCOUNT TYPE:
 Checking
 Savings

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.

JOHN AND JANE DOE
123 Any Street
Anytown, USA 12345

101
Date _____

Pay to the order of _____ \$ _____ Dollars

Tape your voided check or preprinted deposit slip here.
PLEASE DO NOT USE STAPLES.

BANK NAME _____
BANK ADDRESS _____

For _____

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Acknowledgment

Your Signature

WARNING. This application will not be processed unless signed by the Account Owner.

I hereby authorize the initiation of this automatic investment plan to my Timothy Plan account(s) designated on this form.

SIGNATURE OF ACCOUNT OWNER

SIGNATURE OF JOINT ACCOUNT OWNER

DATE

DATE

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Mailing Your Application

Return Completed Form

USE YOUR PREFERRED MAILING METHOD.

REGULAR DELIVERY:

Timothy Plan
c/o Ultimus Fund Solutions, LLC
Post Office Box 541150, Omaha, NE 68154

OVERNIGHT DELIVERY:

Timothy Plan
c/o Ultimus Fund Solutions, LLC
4221 N 203rd St, Ste 100, Elkhorn, NE 68022

Phone | (800) 662-0201
Local | (402) 493-4603
Fax | (402) 963-9094