



Roth IRA

REQUEST FOR TRANSFER

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.

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

ADDRESS _____ CITY, _____ STATE _____ ZIP _____

DAYTIME PHONE NUMBER _____ TAXPAYER ID NUMBER or SSN _____ TIMOTHY PLAN ACCOUNT NUMBER (if any) _____

2 Account to be Transferred

Current Custodian / Financial Institution

+ ATTACH a copy of your recent account statement from your present Custodian.

NAME OF FINANCIAL INSTITUTION (Trustee, Custodian or Employer) _____ ACCOUNT NUMBER _____ PHONE NUMBER _____

ADDRESS _____ CITY, _____ STATE _____ ZIP _____

3 Transfer Instructions

Asset Transfer

+ TRANSFEREE CUSTODIAN/TRUSTEE may require documentation if the minimum distribution has not been satisfied prior to this transfer.

! SIMPLE IRA funds cannot be transferred to a Roth IRA for two years following the date of the initial SIMPLE contribution.

CURRENT PLAN TYPE: (Select One)

- Roth IRA
- Traditional IRA Conversion
- SIMPLE IRA Conversion
- Roth Employer-Sponsored: _____
- Inherited (Beneficiary) IRA Roth

TYPE OF PLAN TRANSFERRING TO: (Select One)

- Roth IRA*
- Inherited (Beneficiary) IRA Roth

*The 10% default withholding rule is applicable on conversions. In order to convert from a Traditional IRA to a ROTH IRA without any taxes withheld, Part 5 must be completed.

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.

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 IRA Account. A portion of my IRA 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	FUND NAME(S)	CLASS	ALLOCATION
1. _____	ACI	\$ _____ %	4. _____	ACI	\$ _____ %
2. _____	ACI	\$ _____ %	5. _____	ACI	\$ _____ %
3. _____	ACI	\$ _____ %	6. _____	ACI	\$ _____ %

B**Roth IRA**

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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. _____

5**Tax Withholding Notice & Election**

(FORM W-4P/OMB NO. 1545-0074)

DEPT. OF TREASURY, INTERNAL REVENUE SERVICE

NOTICE: The distributions you receive from your IRA are subject to Federal income tax withholding unless you waive withholding. You may waive withholding on your IRA distribution by returning a signed and dated IRS Form W-4P, Withholding Certificate for Pension or Annuity Payments, or this substitute Form W-4P to your IRA Trustee or Custodian listed above. If you waive withholding on your IRA distribution, or if you do not have enough Federal income tax withheld from your IRA distribution, you may be responsible for payment of estimated tax. You may incur penalties under the

estimated tax rules if your withholding and estimated tax payments are not sufficient. You may waive state income tax withholding to the extent permitted by law. You are responsible for determining and paying all Federal, and if applicable, state and local taxes on distributions from all IRAs you own. If you do not waive withholding or elect an alternative withholding amount, ten percent will be withheld from your nonperiodic IRA distribution. Your election is valid until you revoke it. You may change your withholding election by completing another Form W-4P or substitute. Also note, if you are a

U.S. citizen or resident alien receiving an IRA distribution that is delivered outside the United States or its possessions, withholding is required. That is, you may not waive withholding. If you are a non-resident alien you may not use Form W-4P to withhold income tax or to waive withholding. A foreign person should refer to IRS Publication 515 and to Form W-8BEN.

ELECTION: Unless a previous withholding election is in place, you indicate a different withholding amount below, or you waive withholding by indicating your election below, ten percent will be withheld from your IRA distribution.

Effective Date: _____

DO NOT withhold Federal income tax from my distribution.

DO NOT withhold state income tax, unless required.

WITHHOLD as indicated below.

_____ % (at least 10%) Federal income tax, and _____ % state income tax (if indicated), and (if indicated) an additional amount \$ _____ Federal income tax and \$ _____ state income tax (if permitted).

6**Acknowledgment****Your Signature**

⚠️ WARNING. This application will not be processed unless signed below by the Roth IRA Owner (or Beneficiary Roth IRA Owner).

i 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 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 Roth IRA of _____**7****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

FOR ADDITIONAL GUIDANCE. It is in your best interest to seek the guidance of a tax or legal professional before completing this document. Your first reference should be the IRA agreement and disclosure statement you received upon establishing your IRA or amendments provided by your custodian/trustee. For more information refer to Internal Revenue Service (IRS) Publication 590—Individual Retirement Arrangements, IRS Publication 505—Tax Withholding and Estimated Tax, instructions to your federal income tax return, your local IRS office, or the IRS's web site at www.irs.gov.