

403(b)(7) Custodial Account

REQUEST FOR TRANSFER OR 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.

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

ADDRESS _____ CITY, _____ STATE _____ ZIP _____

3 Purchase Instructions

Asset Transfer/Rollover

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

! SIMPLE: May not be rolled-over to a 403(b)(7) until two years have elapsed from your initial participation in your employer-sponsored SIMPLE IRA plan.

ASSET TRANSFER
CURRENT PLAN TYPE:
(SELECT ONE)

- Traditional 403(b)
 Roth 403(b)

ROLLOVER
CURRENT PLAN TYPE:
(SELECT ONE)

- Traditional IRA
 Roth 403(b)
 SIMPLE IRA
 Trad'l 403(b)
 Roth IRA
 Employer-Sponsored: _____
 SEP-IRA
 Rollover IRA

ROLLOVER
TRANSFERRING TO:
(SELECT ONE)

- Traditional 403(b)
 Roth 403(b)

- If applicable, I certify, that I have read the IRC 402(f) notice provided by the plan administrator.
 If the contribution contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution.

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

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 account balance. A portion of my 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.

FUND NAME(S)	CLASS	ALLOCATION	FUND NAME(S)	CLASS	ALLOCATION
1. _____	<input type="checkbox"/> A <input type="checkbox"/> C	\$ _____ %	4. _____	<input type="checkbox"/> A <input type="checkbox"/> C	\$ _____ %
2. _____	<input type="checkbox"/> A <input type="checkbox"/> C	\$ _____ %	5. _____	<input type="checkbox"/> A <input type="checkbox"/> C	\$ _____ %
3. _____	<input type="checkbox"/> A <input type="checkbox"/> C	\$ _____ %	6. _____	<input type="checkbox"/> A <input type="checkbox"/> C	\$ _____ %



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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 Employer Authorization

Employer Information

i SPONSORING EMPLOYER: If you terminated employment with the sponsoring employer prior to January 1, 2009 or you are a beneficiary, employer authorization is not required. Skip to Section 4.

NAME OF 403(B) EMPLOYER _____ STATUS: Currently Employed Terminated

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE NUMBER _____ EMAIL (optional) _____ NAME OF CONTACT PERSON _____

I/we certify that the above named participant/beneficiary is eligible for the distribution requested in Section 2.

AUTHORIZED SIGNATURE OF EMPLOYER _____ DATE _____

6 Acknowledgement

Your Signature

! WARNING: This application will not be processed unless signed below by the 403(b) 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 403(b)(7) 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 transferor custodian/trustee to take those actions necessary to effect transfer my account assets as set forth in this form. 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 transfer decision. The custodian/trustee agrees to accept these funds as a transfer.

SIGNATURE OF ACCOUNT OWNER

DATE

To Current Trustee / Custodian

FOR SUCCESSOR AND CURRENT CUSTODIAN ONLY.

The custodian/trustee signing below agrees to accept custodianship/trusteeship, and the transferring assets described above, for the Timothy Plan 403(b)(7) account established on behalf of the above-named owner.

CONSTELLATION TRUST COMPANY _____ DATE _____

DELIVERY INSTRUCTIONS

- A. Transferee Account Number _____
- B. Make check payable to or certificate registration in the name of _____
as Custodian Trustee for the 403(b)(7) of _____

7 Mailing Your Application

RETURN THIS FORM BY MAIL TO:

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

Tollfree | (800) 662-0201
Telephone | (402) 493-4603
Facsimile | (402) 963-9094