

Coverdell ESA

REQUEST FOR TRANSFER

1 Account Information

Designated Beneficiary
THE STUDENT

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

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE NUMBER _____ EMAIL (optional) _____ TAXPAYER ID NUMBER or SSN _____

U.S. CITIZENSHIP STATUS:
 CITIZEN
 RESIDENT ALIEN
 NONRESIDENT ALIEN

Responsible Individual
THE PARENT OR GUARDIAN
As established on the account being transferred.

NAME (First, Initial, Last) _____ RELATION: Mother Father Guardian _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE NUMBER _____ EMAIL (optional) _____ TAXPAYER ID NUMBER or SSN _____

U.S. CITIZENSHIP STATUS:
 CITIZEN
 RESIDENT ALIEN
 NONRESIDENT ALIEN

2 Account to be Transferred

Current Custodian / Financial Institution

The Coverdell ESA Custodian/Trustee (transferor), is hereby directed to transfer the Designated Beneficiary's assets identified in the Transfer Instructions section.

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

! COVERDELL ESA transfers can only occur between Designated Beneficiary and/or the Coverdell ESA of a qualified Designated Beneficiary.

NAME (Custodian, Trustee, Transferor) _____ COVERDELL ESA ACCOUNT NUMBER _____ PHONE NUMBER _____

ADDRESS _____ CITY, _____ STATE _____ ZIP _____

3 Transfer Instructions

Assets to be Transferred
PLEASE SEE ADDITIONAL INFORMATION INCLUDED WITH THIS FORM.

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

A. PAYMENT AMOUNT: My entire ESA Account. A portion of my ESA 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 | TAX YEAR |
|--------------------------|----------------|--------------------------|----------|
| 1. _____ | _____ | \$ _____ % | _____ |
| 2. _____ | _____ | \$ _____ % | _____ |
| 3. _____ | _____ | \$ _____ % | _____ |

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.

4 Investment Selection

| Your Fund Choices | | FUND NAME(S) | CLASS | ALLOCATION | FUND NAME(S) | CLASS | ALLOCATION |
|--|--|--------------|---|------------|--------------|---|------------|
| If no share class is indicated, a Class A share account will be established. | | 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 | \$ _____ % |

Reduced Sales Charge
Class A & C shares combined.

RIGHT OF ACCUMULATION: The following Timothy Plan 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 Acknowledgment

Responsible Individual Signature

WARNING. This application will not be processed unless signed below by the Responsible Individual.

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

By my signature hereon below, I certify that I am the Responsible Individual for the Coverdell ESA set forth above. I further certify that I have the authority to direct the transfer of the assets of said Coverdell ESA. I acknowledge that I am responsible for determining the appropriateness of this transaction, and hereby agree to indemnify and hold the Custodian/Trustee harmless against any and all situations arising from this transfer. I further represent that I have established a Coverdell ESA with the Timothy Plan, for which Constellation Trust Company is the Custodian/Trustee.

SIGNATURE OF RESPONSIBLE INDIVIDUAL

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 Coverdell ESA account established on behalf of the above-named owner.

CONSTELLATION TRUST COMPANY

DATE

DELIVERY INSTRUCTIONS

A. Transferee ESA Account Number _____

B. Make check payable to or certificate registration in the name of _____
as Custodian Trustee for the Coverdell ESA of: _____

6 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

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 Coverdell ESA agreement and disclosure statement issued upon establishing the Coverdell ESA or amendments provided by the custodian/trustee. For more information refer to Internal Revenue Service (IRS) Publication 970—Tax Benefits for Higher Education, your local IRS office, or the IRS’s website at www.irs.gov.

RESPONSIBLE INDIVIDUAL. The responsible individual is generally the parent or legal guardian of the designated beneficiary but, in some circumstances, may be the designated beneficiary or another individual. The responsible individual has the power to direct the custodian/

trustee concerning administration, management, investment, movement, and distribution of the account. Refer to the Coverdell ESA agreement, disclosure statement, or amendments thereto for specific guidance on the responsible individual’s role and responsibilities.

QUALIFIED DESIGNATED BENEFICIARY. A qualified designated beneficiary is a family member of an existing designated beneficiary. In addition to the spouse of the designated beneficiary, members of the designated beneficiary’s family are defined under Internal Revenue Code (IRC) Sections 529(e)(2) and 152(a) respectively as:

- a son or daughter, or a descendant of either
- a stepson or stepdaughter
- a brother, sister, stepbrother, or stepsister

- the father or mother, or an ancestor of either
- a stepfather or stepmother
- a son or daughter of a brother or sister
- a brother or sister of the father or mother
- a son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law
- the spouse of any individual described above
- first cousin of the designated beneficiary