



Non-Retirement Account

REQUEST FOR TRANSFER

1 Account Registration

Participant / Owner Information

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

i REGISTRATION TYPE:
JTWROS - Joint Tenants With Rights of Survivorship
TBE - Tenants by the Entirety
TIC - Tenants in Common

NAME (First, Initial, Last)	GENDER: <input type="radio"/> Male <input type="radio"/> Female	DATE OF BIRTH	TAXPAYER ID NUMBER or SSN
JOINT NAME	REGISTRATION TYPE: <input type="radio"/> JTWROS <input type="radio"/> TBE <input type="radio"/> TIC	DATE OF BIRTH	TAXPAYER ID NUMBER or SSN
ADDRESS			
CITY	STATE	ZIP	
DAYTIME PHONE NUMBER	EMAIL (optional)	TIMOTHY PLAN ACCOUNT NUMBER (if established)	

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 Transfer Instructions

Asset Transfer

! REMINDER: The assets held at your current financial institution will be sold (for liquidations), and the proceeds will be sent to Timothy Plan for investment in your Timothy Plan account(s). Please note that authorizing the transfer of non-retirement assets to a Timothy Plan account could result in a taxable event. Any gains on liquidated assets will be subject to capital gains tax. The transfer process could take several weeks.

CURRENT PLAN TYPE: (Select One)

- Individual
- Joint
- Trust
- Corporate / Business
- UGMA / UTMA
- Other: _____

TYPE OF PLAN TRANSFERRING TO: (Select One)

- Individual
- Joint
- Trust
- Corporate / Business
- UGMA / UTMA
- Other: _____

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 balance. A portion of my balance. \$ _____

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

ASSETS(S) TO BE LIQUIDATED	ACCOUNT NUMBER	AMOUNT TO BE TRANSFERRED
1. _____	_____	\$ _____ %
2. _____	_____	\$ _____ %
3. _____	_____	\$ _____ %
4. _____	_____	\$ _____ %
5. _____	_____	\$ _____ %

B Non-Retirement Account

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4 Investment Selection

Your Fund Choices	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 <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	\$ _____ %
	5. _____	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> I	\$ _____ %
	6. _____	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> I	\$ _____ %
	7. _____	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> I	\$ _____ %

Reduced Sales Charge
Class A & C shares combined.

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. _____

Net Asset Value (NAV) **This account is eligible for NAV purchases.** (Both sections must be selected to be processed.)

FOR ADVISOR/FUND USE ONLY. I certify that **this account is eligible** for this option according to the terms set forth in the fund prospectus.

5 Acknowledgement

Your Signature

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

SIGNATURE GUARANTEE: Your current financial institution may require a medallion signature guarantee in order to process the transfer request. Most financial institutions accept medallion guarantees obtained from banks or brokerage firms that are members of either the Securities Transfer Agents Medallion Program (STAMP), the New York Stock Exchange, Inc., Medallion Signature Program (MSP), or the Stock Exchanges Medallion Program (SEMP). A notary public is not an acceptable guarantor.

I hereby authorize this liquidation and/or transfer in kind from my current financial institution to my Timothy Plan account(s) designated on this form. (Your liquidation and/or transfer in kind cannot be completed without the signature of all owners of the account being transferred.)

SIGNATURE OF ACCOUNT OWNER

DATE

SIGNATURE OF JOINT ACCOUNT OWNER

DATE

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