



Retirement & Non-Retirement Accounts

LETTER OF INTENT

1 Account Registration

Individual & Joint Accounts

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

COMPLETE AS NAME(S) APPEAR ON ACCOUNT STATEMENT.

NAME (First, Initial, Last) _____

JOINT NAME (if applicable) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE NUMBER _____ EMAIL (optional) _____

TAXPAYER ID NUMBER OR SSN _____

TAXPAYER ID NUMBER OR SSN _____

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 _____

CUSTODIAN (if applicable) _____

DAYTIME PHONE NUMBER _____

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

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

EIN OR SSN _____

DATE OF TRUST AGREEMENT _____

INSTITUTIONAL TYPE: (Select One)

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

TIMOTHY PLAN ACCOUNT NUMBER (if established)

2 Contribution Information

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. _____

B**Retirement & Non-Retirement Accounts**

LETTER OF INTENT

3**Acknowledgment****Your Signature**

I hereby authorize this Letter of Intent for my Timothy Plan account(s) designated on this form.

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

SIGNATURE OF ACCOUNT OWNER_____
SIGNATURE OF JOINT ACCOUNT OWNER_____
DATE_____
DATE**4****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 |