

# Retirement & Non-Retirement Accounts

SYSTEMATIC PORTFOLIO CHANGE

## 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.

ACCOUNT OWNER OR AUTHORIZED PERSON (First, Initial, Last)

TIMOTHY PLAN ACCOUNT NUMBER

JOINT NAME (if applicable)

## 2 Investment Selection

### Liquidation

Please indicate the Fund(s) you would like to sell, and the amount from each. If no share class is indicated, Class A shares will be sold first.

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

DEBIT AUTHORIZATION: I authorize the fund's Agent to debit \$\_\_\_\_\_ (specify amount) from the account portfolio(s) described above on the 25th day of each month or the next business day, with the amount debited to be reinvested in the portfolio(s) as indicated below. I would like these deposits to begin \_\_\_\_\_ (specify month), and to continue until further notice.

### Reinvestment

Please indicate the Fund(s) you would like to invest, and the amount into each. The share class will be the same as those liquidated

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

## 3 Acknowledgment

### Your Signature

I hereby authorize this Systematic Portfolio Change 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/AUTHORIZED PERSON

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