

# Retirement & Non-Retirement Accounts

ACCOUNT FOR MINORS

## 1 Account Guardianship

### Guardian Information

**i USA PATRIOT ACT.** Federal law requires all financial institutions (including mutual funds) to obtain, verify, and record information that identifies each person who opens an account. The Guardian's identification will be researched and affirmed.

GUARDIAN'S NAME (First, Initial, Last) \_\_\_\_\_ GUARDIANSHIP:  Sole  Joint RELATIONSHIP:  Mother  Father  Other (please explain)

STREET ADDRESS, CITY, STATE, ZIP \_\_\_\_\_ U.S. CITIZENSHIP STATUS:

DAYTIME PHONE NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ TAXPAYER ID NUMBER OR SSN \_\_\_\_\_  
 Citizen  
 Resident Alien  
 Nonresident Alien

GUARDIAN'S NAME (First, Initial, Last) \_\_\_\_\_ GUARDIANSHIP:  Sole  Joint RELATIONSHIP:  Mother  Father  Other (please explain)

STREET ADDRESS, CITY, STATE, ZIP \_\_\_\_\_ U.S. CITIZENSHIP STATUS:

DAYTIME PHONE NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ TAXPAYER ID NUMBER OR SSN \_\_\_\_\_  
 Citizen  
 Resident Alien  
 Nonresident Alien

**i APPOINTING A PRIMARY GUARDIAN.** Complete lined space only if Joint Guardians desire to appoint one or the other as individually authorized to effect activities, on behalf of the minor, in the minor's custodial account.

I/We hereby attest that I am/we are the guardian(s) of the minor and authorized to enter into this Agreement on behalf of the minor. We further agree that \_\_\_\_\_ (see sidebar) is the appropriate person to act as the guardian of the property of the minor for the Timothy Plan Account for the minor.

SIGNATURE OF GUARDIAN \_\_\_\_\_ SIGNATURE OF JOINT GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_ DATE \_\_\_\_\_

## 2 Account Establishment

### Indemnification to Establish an Individual Retirement Account for a Minor ("Agreement")

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

**+ REQUIRED DOCUMENTS:** An Account Application, IRA Application or other Retirement Account Application must accompany this document.

The undersigned hereby certifies that \_\_\_\_\_ (print name of guardian—only one guardian may be listed) is the legal guardian of the property of \_\_\_\_\_ (print name of minor), \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_ (minor's social security number), a minor, and such guardian wishes to establish a Timothy Plan-sponsored individual retirement account ("Account"), for which Ultimus Fund Solutions acts as administrative agent and Constellation Trust Company acts as Custodian if a sponsored retirement account.

In establishing such Account, the undersigned agrees to indemnify and hold harmless Timothy Plan, Constellation Trust Company, the Timothy Plan fund or funds in which the investment is made (collectively, the "Indemnitees"), and each of their officers, employees and directors from and against any and all liabilities, losses, obligations, damages, claims, costs and expenses (including attorney's fees and expenses), of any kind whatsoever directly or indirectly suffered or incurred by the Indemnitees, their officers, employees, directors, agents, affiliates, successors or assigns in any way relating to, or arising in connection with, any disaffirmance, voiding, unenforceability, cancellation or limitation of any purchase, exchange, transfer or redemption of shares relating to the Account, resulting in whole or in part by virtue of the fact that (i) the shareholder was a minor at the time the Account was opened or at any time during which the Account is maintained; or (ii) the person designated above was not the legal guardian of the property of the minor, whether or not the shareholder's minority or the guardian's identity is given as the express reason therefor. This Agreement shall be binding upon the undersigned and his/her executors, beneficiaries, heirs, administrators, legal representatives and assigns and shall inure to the benefit of the Indemnitees and their successors and assigns.

IN WITNESS WHEREOF, the undersigned, intending to be legally bound, has executed this Agreement as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.



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## Acknowledgment

### Your Signature

**⚠ WARNING.** This application cannot be processed unless signed below by the Responsible Individual(s).

By my (our) signature below, we hereby affirm and attest that the minor listed herein has received earned income during the year for which the retirement plan is being established.

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF JOINT OWNER

\_\_\_\_\_  
DATE



## 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