



Retirement & Non-Retirement Accounts

DISTRIBUTION REQUEST

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) _____ TAXPAYER ID NUMBER OR SSN _____

JOINT NAME (if applicable) _____ TAXPAYER ID NUMBER OR SSN _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE NUMBER _____ TIMOTHY PLAN ACCOUNT NUMBER _____

PLAN TYPE: (Select One)

Individual Roth IRA

Joint Tenant SEP-IRA

Traditional IRA SIMPLE

Rollover IRA Inherited (Beneficiary) IRA

U.S. CITIZENSHIP STATUS:
 Citizen
 Resident Alien
 Nonresident Alien

2 Distribution Information (for Retirement Accounts Only)

Retirement Plan Distribution

COMPLETE THIS SECTION ONLY FOR RETIREMENT PLANS.

DISTRIBUTION REASON: (Select One)

A. Normal. (age 59½ or older)
 Check here if you are requesting the required minimum distribution required under IRS regulations.

B. Early. (under age 59½)
 I am under the age of 59½ and not taking substantially equal payments. I understand that I may be subject to a 10% penalty unless an IRC 72(t) exception applies or the distribution is rolled over within 60 days of receipt to another IRA or retirement plan. For distributions from SIMPLE IRA plans, I understand that the penalty will increase to 25% if taken within the first two years of my participation in the plan.
For SIMPLE IRAs: What was the date of the first contribution to your SIMPLE IRA? _____
MM/DD/YYYY
Note: Exceptions to the penalty include catastrophic medical expenses, certain health insurance premium if unemployed, higher education expenses and first-time home purchases (up to \$10,000). Consult a qualified tax adviser for more information.

C. Early (exception applies).
 I am under the age of 59½, and substantially equal payments will be made at least annually for five years or until I reach the age of 59½, whichever is longer.

1. **Life expectancy** (installments in substantially equal payments under IRC Section 72(t))
Total annual payment of \$ _____
 Over my lifetime.
 My date of birth is _____
MM/DD/YYYY

SELECT FREQUENCY:

Semi-Monthly Semi-Annually

Monthly Annually

Quarterly

a. Day in which deposit should begin (or the first business day thereafter, if a holiday or weekend: _____

b. Month in which deposit should begin: _____



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Retirement Plan Distribution *(continued)*

COMPLETE THIS SECTION ONLY FOR RETIREMENT PLANS.

D. Permanent Disability.

Date you first became disabled _____.

The IRS considers a taxpayer to be exempt from the 10% early distribution penalty if the individual's condition meets the definition of "disabled" in IRC section 72(m)(7): "an individual shall be considered to be disabled if he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration."

Provide a physician's statement that acknowledges your condition as meeting the IRS 72(m)(7) definition of "disabled." The physician's statement must indicate the date the disability began. If you are unable to obtain this statement from your physician, check "Early" as the type of distribution in this section.

E. Rollover.

Assets will be deposited into another IRA within 60 days. For tax purposes, this distribution will be reported to the IRS based on your date of birth.

EMPLOYER PLAN NAME (PAYEE) _____

EMPLOYER PLAN ACCOUNT NUMBER _____

EMPLOYER PLAN ADDRESS _____

F. Death. (Beneficiary of a deceased IRA Shareholder or the Estate.)

Please provide the following:

- Original or certified copy of the death certificate.
- W-9 form completed with the appropriate SSN for each beneficiary.
- Special mailing instructions in the additional comments section.

G. Excess Contribution Removal.

In which tax year was the excess made? _____ Amount of excess \$_____. Earnings on the excess may also be distributed, depending upon the year the contribution was made.

Excess contribution was made in which taxable year? _____

Excess Contribution was made in the amount of _____

\$ _____

What is your tax filing deadline for year of excess? _____

Excess was originally made to:

- My IRA at Timothy Plan (referenced above)
- Other IRA _____

SELECT ONE:

- The excess correction is on or before tax filing deadline. Refund excess plus earnings. Earnings may be negative, reducing amount withdrawn.
- This excess correction is after tax filing deadline plus any extensions. Refund excess (no earnings) only.

REALLOCATION OF EXCESS CONTRIBUTION (Must have cash available. Cash contributions only.)

- Apply excess contribution towards tax year 20__ and refund earnings (if withdrawn). To refund earnings please complete Distribution Options below and section 4.
- Apply both excess contribution and earnings (if withdrawn) towards tax year 20__. Cannot exceed contribution limit.

H. Divorce.

If distribution is being made to your spouse incident to decree of divorce, attach a copy of the decree. An IRA application is required for the receiving spouse, unless he/she has an existing IRA. Please provide the receiving spouse's existing IRA account number: _____.

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Liquidation Information

Distribution Options

Complete either A or B. If requesting a repurchase of shares in kind, proceed to Section 5.

If no share class is indicated, Class A shares will be sold first.

A. One-time distribution.

- All
- Partial distribution. *(Complete the section below)*

| FUND NAME(S) | CLASS | DISTRIBUTION |
|--------------|-------------------------------------------------------|--------------|
| 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 | \$ _____ % |

Distributions for All Accounts

B. Installment payments. *(Do not complete if requesting life-expectancy payments.)*

FREQUENCY : One Time Only Monthly Quarterly Annually *(until further notice)*

START DATE: _____
MM/DD/YYYY

| FUND NAME(S) | CLASS | WITHDRAWAL |
|--------------|-------------------------------------------------------|------------|
| 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 | \$ _____ % |

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Payment Instructions

Methods of Payment

A. The undersigned to the address of record.

B. To the following address: *(Signature Guarantee Required)*

NAME _____

ADDRESS _____ CITY, STATE ZIP

C. Deposit into existing account number: _____

D. By ACH, at no charge, directly into my checking account. *(Bank information must be on file.)*

E. By wire into my bank checking account. *(Complete the Checking or Savings section below)*

F. Direct Transfer/Rollover to another institution. *(Note: Rollovers cannot be made for hardship distributions. Distributable event may be required. Signature Guarantee Required.)*

NEW CUSTODIAN _____ ACCOUNT NUMBER _____

ADDRESS _____ CITY, STATE ZIP

DAYTIME PHONE NUMBER _____ CONTACT PERSON _____

CHECKING OR SAVINGS ACCOUNT INFORMATION

NAME OF BANK _____ BANK'S PHONE NUMBER _____ ABA ROUTING NUMBER _____

BANK ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME(S) ON BANK ACCOUNT _____ BANK ACCOUNT NUMBER _____

ACCOUNT TYPE:
 Checking
 Savings

NO CHECKS? If you do not have a check or preprinted deposit slip for this account, please contact your savings account provider for wiring instructions, or call (800) 662-0201.

JOHN AND JANE DOE
123 Any Street
Anytown, USA 12345

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Date _____

Pay to the order of _____

Tape your voided check or preprinted deposit slip here.

\$ _____ Dollars

PLEASE DO NOT USE STAPLES.

BANK NAME _____
BANK ADDRESS _____

For _____

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Tax Withholding Election

Federal Income Tax Election

NOTE: Federal law requires us to withhold income tax equal to 10% of the distribution unless you elect otherwise. If we withhold federal tax, state tax may also be required (see Section 6). You may want more than 10% withheld because insufficient withholding or underpayment of estimated taxes may result in IRS penalties.

- A portion of your Roth IRA distribution may be taxable. Consult your tax advisor if you have concerns.
- The withholding percentage elected or the default withholding percentage will be applied to the entire distribution amount.
- Check one box below to indicate your federal withholding election. If you take your distributions in periodic withdrawals, the election you make now will apply until you change it. If no election is made, the custodian must withhold taxes at the required rate.
- Check with your tax advisor to determine if a state tax is applicable.

A. DO NOT withhold federal taxes. Your U.S. residence address is required (no P.O. boxes).

ADDRESS CITY STATE ZIP

B. WITHHOLD federal taxes from the total distribution in the amount of \$ _____ or at the rate of _____%.

OPTIONAL REQUEST

Please send the gross amount requested. (Unless otherwise noted, the amount of money withheld in your account will be deducted from the amount you requested.)

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Spousal Beneficiary

Spousal Information

Complete this section only if your spouse is your sole beneficiary and also is more than 10 years younger than you.

NAME (First, Initial, Last) DATE OF BIRTH

ADDRESS

CITY STATE ZIP

DAYTIME PHONE NUMBER EMAIL (optional) TAXPAYER ID NUMBER OR SSN

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Acknowledgment

Your Signature

WARNING: This application will not be processed unless signed below by the shareholder or beneficiary).

SIGNATURE GUARANTEE: For gifts over \$10,000 in value, the signature of the account owners must be guaranteed by a financial institution of the type described in the Fund prospectus. The Custodian will 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 direct Constellation Trust Company (Constellation) to make distributions from my account in the manner I have indicated, and I assume sole responsibility for the tax consequences of the withholding election. I certify that the above information and attached documentation are accurate and that I am entitled to receive the payments for which I have applied. If I selected a direct rollover in Section 2, my signature hereby certifies that the plan is an eligible retirement plan for the purposes of receiving the direct rollover, and I have verified with the plan custodian/trustee that the receiving plan will accept rollovers.

In consideration of Constellation acting on such instructions and processing such transactions, or should I not be entitled to all or any part of the payments for which I have applied, I agree to hold harmless and indemnify Constellation; any of its affiliates or mutual funds managed by such affiliates; and each of their respective directors, trustees, officers, employees and agents from any losses, expenses, costs or liability (including attorney fees) that may be incurred as a result of Constellation acting on such instructions. In addition, if direct deposit payments are requested, I understand that this option may be terminated by me at any time by telephone or written notification to Constellation. The termination request will be effective as soon as Constellation has had reasonable time to act upon it.

SIGNATURE OF SHAREHOLDER OR BENEFICIARY

DATE

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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