

Retirement Accounts

EMPLOYER SPONSORED TRANSMITTAL

Employer Registration 1

Employer Information

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

NAME OF EMPLOYER (First, Initial, Last	t)		DATE OF CONTRIBUTIO
ADDRESS			
СІТҮ		STATE	ZIP
	EMAIL (optional)	NAME OF CONTACT PERSON	

New Account Registration

Individual & Joint Accounts ENCLOSE CHECK: Please make check payable to Timothy Plan for the full amount	NAME OF EMPLOYEE	TIMOTHY PLAN ACCOUNT #	EMPLOYER CONTRIBUTIONS (Matching or Non-elective)	SALARY DEFERRAL CONTRIBUTIONS	TOTAL CONTRIBUTIONS
payable to Timothy Plan for the full amount indicated.	1.		\$	+ \$	= \$
	2.		\$	+ \$	= \$
	3.		\$	+ \$	= \$
	4.		\$	+ \$	= \$
	5.		\$	+ \$	= \$
	6.		\$	+ \$	= \$
	7.		\$	+ \$	= \$
	8.		\$	+ \$	= \$
	9.		\$	+ \$	= \$
	10.		\$	+ \$	= \$
		Enclosed Check Total:	\$	+ \$	= \$

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Mailing Your Census

Return Completed Form

USE YOUR PREFERRED MAILING METHOD.

REGULAR DELIVERY: Timothy Pla c/o Ultimus Post Office

OVERNIGHT DELIVERY:

lan	Timothy Plan	Phone (800) 662-0201	
Is Fund Solutions. LLC	c/o Ultimus Fund Solutions. LLC	Local (402) 493-4603	
e Box 541150, Omaha, NE 68154	4221 N 203rd St, Ste 100, Elkhorn, NE 68022	Fax (402) 963-9094	