

Retirement Accounts

EMPLOYER SPONSORED TRANSMITTAL

1 Employer Registration

Employer Information

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

NAME OF EMPLOYER <i>(First, Initial, Last)</i>		DATE OF CONTRIBUTION
ADDRESS		
CITY	STATE	ZIP
DAYTIME PHONE NUMBER	EMAIL <i>(optional)</i>	NAME OF CONTACT PERSON

2 New Account Registration

Individual & Joint Accounts

+ ENCLOSE CHECK: Please make check payable to the Timothy Plan for the full amount indicated.

	TIMOTHY PLAN ACCOUNT #	EMPLOYER CONTRIBUTIONS (Matching or Non-elective)	SALARY DEFERRAL CONTRIBUTIONS	TOTAL CONTRIBUTIONS		
1. _____	_____	\$ _____	+ \$ _____	= \$ _____		
2. _____	_____	\$ _____	+ \$ _____	= \$ _____		
3. _____	_____	\$ _____	+ \$ _____	= \$ _____		
4. _____	_____	\$ _____	+ \$ _____	= \$ _____		
5. _____	_____	\$ _____	+ \$ _____	= \$ _____		
6. _____	_____	\$ _____	+ \$ _____	= \$ _____		
7. _____	_____	\$ _____	+ \$ _____	= \$ _____		
8. _____	_____	\$ _____	+ \$ _____	= \$ _____		
9. _____	_____	\$ _____	+ \$ _____	= \$ _____		
10. _____	_____	\$ _____	+ \$ _____	= \$ _____		
Enclosed Check Total:		\$ _____	+	\$ _____	=	\$ _____

3 Mailing Your Census

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