



Retirement Accounts

RECHARACTERIZATION REQUEST

1 IRA Custodian Information

About the Custodian

Constellation Trust Company
 Post Office Box 541150
 Omaha, NE 68154

THE IRA RECHARACTERIZATION REQUEST FORM facilitates the redesignation of an IRA contribution or conversion that was made to one type of IRA as if it was made to another type of IRA. The form, when completed, also satisfies the irrevocable, written election required for recharacterizations.

2 Account Information

Participant / Owner Information

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

+ NEW ACCOUNTS: Complete and attach the Traditiona/SEP New Account Form.

NAME (First, Initial, Last)	GENDER: <input type="radio"/> Male <input type="radio"/> Female	DATE OF BIRTH	
RESIDENCE ADDRESS	CITY	STATE	ZIP
MAILING ADDRESS	CITY	STATE	ZIP
DAYTIME PHONE NUMBER	TAXPAYER ID NUMBER OR SSN	TIMOTHY PLAN ACCOUNT NUMBER (if any)	

3 Current IRA Trustee/Custodian Information

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 CURRENT TRUSTEE/CUSTODIAN			
ADDRESS			
CITY	STATE	ZIP	
DAYTIME PHONE NUMBER	CURRENT IRA ACCOUNT/PLAN NUMBER	NAME OF CONTACT PERSON	

4 Contribution Information

Source of Funds

Amount to be Recharacterized: Amount: \$ _____

Net Income/Loss Attributable to the Recharacterized Contribution/Conversion Amount: \$ _____

TYPE OF CONTRIBUTION (CURRENT IRA) TO BE RECHARACTERIZED (SELECT ONE):

- Regular/Spousal Traditional IRA Contribution Tax Year: 20 _____
- Regular/Spousal Roth IRA Contribution Tax Year: 20 _____
- Conversion from Traditional IRA
- Conversion from SIMPLE IRA

Contribution/Conversion Date (Current IRA): _____

Special Instructions: _____



Retirement Accounts

IRA RECHARACTERIZATION REQUEST FORM

5 Receiving IRA Trustee/Custodian Information

Employer Information

ALERT. Complete if different than current Trustee/Custodian.

NAME OF RECEIVING TRUSTEE/CUSTODIAN

ADDRESS

DAYTIME PHONE NUMBER

RECEIVING IRA ACCOUNT/PLAN NUMBER

NAME OF CONTACT PERSON

6 Recharacterization Method

About the Account Owner

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.

I AUTHORIZE AND DIRECT THE CURRENT IRA TRUSTEE/CUSTODIAN TO LIQUIDATE ASSETS AS FOLLOWS:

Internal Redesignation (only if both IRAs are maintained by same Trustee/Custodian)

Mail a Check payable as follows:

TRUSTEE CUSTODIAN'S NAME

BENEFACTOR'S NAME

Traditional IRA Roth IRA SIMPLE

By Wire (for wire instructions call _____)

7 Investment Information

Distribution Options

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

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

I AUTHORIZE AND DIRECT THE CURRENT IRA TRUSTEE/CUSTODIAN TO LIQUIDATE ASSETS AS FOLLOWS:

I wish to withdraw the requested amount on a pro rata basis across all investments.

I wish to withdraw the requested amount from my investments as indicated in the chart below.

(Indicate from which investments the withdrawal should be taken. Percentages must be in whole numbers, e.g., 33%, not 33 1/3%.)

FUND NAME(S)

CLASS

DISTRIBUTION

1.	<input type="checkbox"/> A <input type="checkbox"/> C	\$ _____ %	<input type="checkbox"/> Liquidate Immediately and Distribute <input type="checkbox"/> Distribute in-kind
2.	<input type="checkbox"/> A <input type="checkbox"/> C	\$ _____ %	<input type="checkbox"/> Liquidate Immediately and Distribute <input type="checkbox"/> Distribute in-kind
3.	<input type="checkbox"/> A <input type="checkbox"/> C	\$ _____ %	<input type="checkbox"/> Liquidate Immediately and Distribute <input type="checkbox"/> Distribute in-kind
4.	<input type="checkbox"/> A <input type="checkbox"/> C	\$ _____ %	<input type="checkbox"/> Liquidate Immediately and Distribute <input type="checkbox"/> Distribute in-kind
5.	<input type="checkbox"/> A <input type="checkbox"/> C	\$ _____ %	<input type="checkbox"/> Liquidate Immediately and Distribute <input type="checkbox"/> Distribute in-kind
6.	<input type="checkbox"/> A <input type="checkbox"/> C	\$ _____ %	<input type="checkbox"/> Liquidate Immediately and Distribute <input type="checkbox"/> Distribute in-kind

Addendum attached for additional investments. If you need additional space to list investments, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

8 Acknowledgments

Your Signature

WARNING. This application will not be processed unless signed by the Account Owner.

By signing this IRA Recharacterization Request Form, I certify that the information I have provided is true and correct. I authorize the IRA Trustee(s)/Custodian(s) identified above to recharacterize my IRA contribution or conversion, along with the net income attributable to such amounts, as instructed above. I understand this recharacterization election is irrevocable and that I am responsible for ensuring I am eligible to make this recharacterization. I also understand that my recharacterization is reportable to the IRS and that the amounts I recharacterize in the receiving IRA will be treated as if they were made on the same date and for the same tax years as when the amounts were contributed to the first IRA. I assume all responsibilities for any consequences as a result of my actions. I will indemnify and hold the IRA Trustee/Custodian harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the IRA Trustee/Custodian.

SIGNATURE OF IRA OWNER

DATE

By signing below, the Trustee/Custodian of the receiving IRA agrees to accept this recharacterization as instructed above.

SIGNATURE OF RECEIVING IRA TRUSTEE/CUSTODIAN REPRESENTATIVE

DATE