

Retirement & Non-Retirement Accounts

LETTER OF INTENT

1 Account Registration

Individual & Joint Accounts

i FOR ASSISTANCE with this form, call Shareholder Services at (800) 662-0201, or 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

EMAIL (optional)

Business Entity & Trust Accounts

i AN EMPLOYER IDENTIFICATION NUMBER (EIN) OR SOCIAL SECURITY NUMBER is required in this section.

+ CORPORATION, LLC, PARTNERSHIPS: Please attach a duly executed resolution.

+ TRUSTS: Please attach the declaration page, designation of Trustee, Trustee's authority to transact securities transactions, and Trust signature page.

NAME OF TRUST / ORGANIZATION

EIN OR SSN

CUSTODIAN (if applicable)

DATE OF TRUST AGREEMENT

DAYTIME PHONE NUMBER

TIMOTHY PLAN ACCOUNT NUMBER (if established)

NAME OF TRUSTEE(S) / AUTHORIZED SIGNER(S)

NAME OF TRUSTEE(S) / AUTHORIZED SIGNER(S)

INSTITUTIONAL TYPE: (Select One)

- Trust
- Sole Proprietorship
- Corporation

- LLC
- Other (Please specify below)

2 Contribution Information

Reduced Sales Charge

Class A & C shares combined.

! \$750,000 BREAKPOINT: This selection is only applicable for Fixed Income and High Yield Bond Funds.

LETTER OF INTENT: Please be advised that over the course of the next thirteen months, I intend to purchase a cumulative amount of the Timothy Plan family of funds equal to or in excess of:

- \$50,000
- \$100,000
- \$250,000
- \$500,000
- \$750,000
- Over \$1 million

If you intend to invest a certain amount over a 13 month period, you may be entitled to reduced sales charges on Class A share purchases. If the amount indicated is not invested within 13 months, regular sales charge rates will apply to shares purchased and any difference in the sales charge owed versus the sales charge previously paid will be deducted from escrowed shares. Please refer to the prospectus for terms and conditions.

RIGHT OF ACCUMULATION: The following accounts, if any, are related and should be included in my aggregate purchases to be calculated when assessing my reduced sales load.

1. _____ 2. _____ 3. _____ 4. _____



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Acknowledgment

Your Signature

I hereby authorize this Letter of Intent for my Timothy Plan account(s) designated on this form.

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

SIGNATURE OF ACCOUNT OWNER

SIGNATURE OF JOINT ACCOUNT OWNER

DATE

DATE



Mailing Your Application

Return Completed Form

USE YOUR PREFERRED MAILING METHOD.

REGULAR DELIVERY:

Timothy Plan
c/o Ultimus Fund Solutions, LLC
Post Office Box 541150, Omaha, NE 68154

OVERNIGHT DELIVERY:

Timothy Plan
c/o Ultimus Fund Solutions, LLC
4221 N 203rd St, Ste 100, Elkhorn, NE 68022

Phone		(800) 662-0201
Local		(402) 493-4603
Fax		(402) 963-9094