KENDALL CAPITAL

Personal Information

Please return to Kendall Capital via fax: 301-838-9113 or email using our secure portal.

	Client	Co-Client
Full name	____________________	____________________
Gender	☐ Male ☐ Female	☐ Male ☐ Female
Social Security Number (optional)	____________________	____________________
Date of birth	_____/_____/_____	_____/_____/_____
Marital status	☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed	☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed
Citizenship	____________________	____________________
Employment status (Employed, Retired, Homemaker)	____________________	____________________
Employment income	$____________________	$____________________
Other pre-retirement income *(royalties, alimony)*	$____________________	$____________________
Occupation (Required)	____________________	____________________
Employer	____________________	____________________
Employer Address	____________________ ____________________	____________________ ____________________

Contact Information – What's the best way to reach you?

	Client	Co-Client
Home Address	____________________ ____________________	____________________ ____________________
Email Address	____________________	____________________
Phone (Cell)	____________________	____________________
Phone (Home)	____________________	____________________
Phone (Work)	____________________	____________________

Beneficiaries

Name	Date of Birth	Relationship (child, grandchild, friend, etc)
______________	____/____/____	______________________
______________	____/____/____	______________________
______________	____/____/____	______________________
______________	____/____/____	______________________

Retirement Goal

Age to retire: ________ (Client) ________ (Co-Client)

Life expectancy: ________ (Client) ________ (Co-Client)

Retirement Living Expenses:

Desired retirement living expenses: Before Tax____________ After Tax____________

Will you change states in retirement? ☐ No ☐ Yes

State where you will move: ____________

Social Security Benefits

Client: $____________ per month (full retirement age)

Co-Client: $____________ per month (full retirement age)

Insurance

Life Insurance

	Amount	Type	Term
Client			
Co-Client			

Long-Term Care

	Amount	Type	Term
Client			
Co-Client			

Pension

Whose pension: ☐ Client ☐ Co-Client

Description: ______________________________

Income begins: ☐ Receiving Now ☐ Year ____________

Amount of benefit *(estimate of pre-tax future value):* $________________ per ☐ Month ☐ Year

Will this amount inflate? ☐ No ☐ Yes

(Note: Inflation will begin in the year payments begin.)

Survivor benefit: __________% Will it be offset by Social Security? No ☐ Yes ☐

Whose pension: ☐ Client ☐ Co-Client

Description: ____

Income begins: ☐ Receiving Now ☐ Year ____________

Amount of benefit *(estimate of pre-tax future value):* $________________ per ☐ Month ☐ Year

Will this amount inflate? ☐ No ☐ Yes

(Note: Inflation will begin in the year payments begin.)

Survivor benefit: __________% Will it be offset by Social Security? No ☐ Yes ☐

Other Assets and Planning Scenarios to Consider

College Goal

Child's name: ______________________ **Year to start:** ________ **# of years of college:** ______

Cost estimate:

A. My cost estimate: $ ______________ *(Annual Cost)*

B. Use an average cost:

☐ Public In-State (4-year)-$23,410

☐ Private (4-year) - $46,272

☐ Public Out-Of-State (4-year) - $37,229

Have you prepaid for college using a 529 Prepaid Tuition Plan? ☐ No ☐ Yes

How many years of tuition and fees will be covered for this college? __________

Current assets earmarked for college:

1. Type of account: ______________________ Owner: ______________________

   Current value: $ ______________ Annual addition: $ __________ Growth rate: __________ %

2. Type of account: ______________________ Owner: ______________________

   Current value: $ ______________ Annual addition: $ __________ Growth rate: __________ %

Outside funding for college:

Other funding sources during college: *(annual amounts)*

Scholarships: $ ____________ Student employment: $ ______________________

Student loans: $ ____________ Gifts and other: $ ______________________

Your own income: $ ________ Your loans: $ ______________________

Child's name: ______________________ **Year to start:** ________ **# of years of college:** ________

Cost estimate:

A. My cost estimate: $ ______________ *(Annual Cost)*

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2. Type of account: ______________________ Owner: ______________________

   Current value: $ ______________ Annual addition: $ __________ Growth rate: __________ %

Outside funding for college:

Other funding sources during college: *(annual amounts)*

Scholarships: $ ____________ Student employment: $ ______________________

Student loans: $ ____________ Gifts and other: $ ______________________

Your own income: $ ________ Your loans: $ ______________________

Please fill in the blanks and upload recent statements via our secure portal using the link in our email signatures.

Assets

Please include the balance of each account.

Type	Client	Co-Client	Joint
Checking/Savings	________	________	________
	________	________	________
	________	________	________
	________	________	________
Brokerage Investments			
	________	________	________
	________	________	________
Retirement Accounts			
(Employer, IRA, Roth, etc)	________	________	________
	________	________	________
	________	________	________
	________	________	________
	________	________	________
	________	________	________
	________	________	________
Real Estate			
Primary Residence	________	________	________
Second Home	________	________	________
Rental Property	________	________	________
Other			
Annuities (held in IRA?)	________	________	________

Liabilities

Please include the balance and rate of each loan.

Type	Client	Co-Client	Joint
Mortgage/HELOC			
	________	________	________
	________	________	________
	________	________	________
Car Loan	________	________	________
Other Loan	________	________	________