

# Goal Plan Questionnaire



## Personal Information:

Client #1 Name:

Street Address:

City, State, and ZIP code:

Email & Phone Number:

Date of Birth:

Job Title / Employer:

Co-Client #2 Name:

Street Address:

City, State, and ZIP code:

Email & Phone Number:

Date of Birth:

Job Title / Employer:

## Retirement Goals:

Client 1 Target Retirement Age: \_\_\_\_\_

Client 2 Target Retirement Age: \_\_\_\_\_

Do you plan to move to another state in retirement? \_\_\_\_\_

If so, which one? \_\_\_\_\_

## Education Goals:

Child 1 :

Child 2:

Child 3:

Name:

Date of Birth:

Goal College Name:

% of Costs Paid for Child:

Years in Undergraduate:

Years in Graduate School:

## Additional Spending Goals:

Please list any other spending goals you would like to include (ie. new car, wedding, vacation home, financial gift, etc.) Please include *when / approximate cost / amount*.

# Income & Savings:

## Social Security:

(Select ONE)

Client 1:

Client 2:

Annual Salary Client 1: \_\_\_\_\_

Annual Salary Client 2: \_\_\_\_\_

Annual Other Income: \_\_\_\_\_

Estimate My Benefit For Me:

Currently Collecting:

Check to Exclude Social Security:

\*Expect to Collect: \_\_\_\_\_

\*Visit [ssa.gov](http://ssa.gov) for estimates & return with questionnaire

## Additional Sources of Income in Retirement:

Please list any other expected sources of income (including pension, rental income, part-time employment, etc.).

Include: *whose, when, and estimated amount?*

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## Investment Accounts Outside of Raymond James:

(ie. 401k, 403b, IRA, TSP, TIAA)

Type of Account	Value	Pre-tax/Roth/Taxable?	Contributing? (how much & how often?)	Employer match (% or \$)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Bank Accounts:

Checking:

Bank Name:

Amount:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Savings:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Expenses (IN Retirement):



## NEEDS / "Basic Living Expenses":

\*SPECIFY per month/per year

Owned Home(s) - Principal & Interest **only**:

Owned Home(s) - Taxes & Insurance **only**:

Rent:

Utilities/HOAs:

Groceries:

Car Payments / Gas / Maintenance / Transportation:

Phone Service:

Fitness / Grooming / Personal Care:

Insurance Premiums: (Life, Long Term Care, disability, etc.)

Home Repairs / Maintenance / Cleaning:

CPA/Attorney Fees:

Healthcare (we have a model to calculate this, but if you have special considerations, please include info below):

Pets:

Other:

## WANTS / "Discretionary Expenses":

\*SPECIFY per month/per year

Restaurants / Take-Out:

Shopping:

Charitable Donations:

Gifts (including holidays):

Entertainment:

Subscription Services:

Clothes Shopping (non-essentials):

Buffer for One-Off Purchases:

Other:

### TRAVEL + Estimated Annual Amounts

- What does Travel look like to you In the First 10 years of Retirement ("Go-Go Years"):
- In the Second 10 years of Retirement ("Slow-Go" Years):
- All remaining years until end of the plan ("No-go" Years):

## Other Assets & Liabilities:

	Value:	Balance Remaining / Rate:	Monthly Payment / Payoff Year:
1st Home: _____	_____	_____	_____
2nd Home: _____			
Rental Property: _____			
Student Loans: _____			
Credit Card Debt: _____			
HELOC: _____			
Other #1: _____			
Other #2: _____			

How do you feel about your current investments and savings? Is there anything else you would like us to know?

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**Documents to Return:**

1. **Goal Plan Questionnaire**
2. **Copies of all external investment account statements (401k, 403b, TSP, brokerage accounts, etc.)**
3. **Pension Documents (if applicable)**
  - a. **Either a recent quote or current gross payment amount listed in questionnaire below**
  - b. **What (if any) is the survivor benefit %?**
  - c. **What year do you plan to turn on the pension income?**
4. **Recent mortgage statement (one per property)**



Traci Meakem Richmond, JD, CDFP™, RICP®  
Branch Manager, Financial Advisor  
President, The Meakem Group

4800 Hampden Lane, Suite 810  
Bethesda, MD 20814  
Phone: 240-743-4971  
Fax: 240-743-4972  
trichmond@meakemgroup.com

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