



Personal Profile

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Securities offered through LaSalle St. Securities, LLC, a Registered Broker Dealer
940 N Industrial Drive, Elmhurst, IL 60126-1131 Member FINRA/SIPC
Advisory Services offered through Williams Wealth Management Group, Inc., a Registered Investment Advisor.
Williams Wealth Management Group, Inc., is not affiliated with LaSalle St. Securities, LLC



Personal Profile

General Client Information

	You	Your Spouse
Name	_____	_____
Social Security Number	_____	_____
Home Address	_____ _____	_____ _____
Phone: Day/Evening	_____	_____
Email Address	_____	_____
Employer	_____	_____
Employer Address	_____	_____
Employer Phone	_____	_____
Position/Title	_____	_____
Date of Employment	_____	_____
Date of Birth	_____	_____
Previous Marriages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Current Marital Status: Married Single Widowed Divorced Anniversary Date _____

Children:	Name	Birth Date	Dependent?	From Previous Marriage?
	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Any special medical needs for you or your children? Yes No

If "Yes," please describe: _____

Professional Relationships

As your comprehensive wealth managers, we work with the other professional relationships that you have already established in order to coordinate the various facets of your financial life. By providing us with the contact information for your professional advisors, you can help us to provide you with this service.

Attorney Name _____
Firm _____
Address _____
City/State/Zip _____ Phone _____
Email Address _____ Web Site _____

Are you currently satisfied with this relationship?

Please rate your satisfaction on a scale of 1 to 5 (1 being not satisfied & 5 being very satisfied): 1 2 3 4 5

Accountant Name _____
Firm _____
Address _____
City/State/Zip _____ Phone _____
Email Address _____ Web Site _____

Are you currently satisfied with this relationship?

Please rate your satisfaction on a scale of 1 to 5 (1 being not satisfied & 5 being very satisfied): 1 2 3 4 5

Principal Bank Name _____
Firm _____
Address _____
City/State/Zip _____ Phone _____
Email Address _____ Web Site _____

Are you currently satisfied with this relationship?

Please rate your satisfaction on a scale of 1 to 5 (1 being not satisfied & 5 being very satisfied): 1 2 3 4 5

Investment Advisor Name _____
Firm _____
Address _____
City/State/Zip _____ Phone _____
Email Address _____ Web Site _____

Are you currently satisfied with this relationship?

Please rate your satisfaction on a scale of 1 to 5 (1 being not satisfied & 5 being very satisfied): 1 2 3 4 5

Insurance Agent Name _____
Firm _____
Address _____
City/State/Zip _____ Phone _____
Email Address _____ Web Site _____

Are you currently satisfied with this relationship?

Please rate your satisfaction on a scale of 1 to 5 (1 being not satisfied & 5 being very satisfied): 1 2 3 4 5

Personal Information

INVESTMENTS

1. What is your primary purpose for investing?

(Check all that apply. If more than one applies, please rank in order of priority 1=most important; 10=least important)

_____ Savings for Retirement	_____
_____ Education	_____
_____ Income	_____
_____ Emergency Needs	_____
_____ Major Purchase	_____
_____ Estate Building	_____
_____ Growing assets faster than inflation	_____
_____ Maximum Growth	_____
_____ Charitable Giving	_____
_____ Other: _____	_____

2. What services are you seeking? *Please choose one:*

- Wealth Management** – An ongoing comprehensive engagement that involves proactive financial planning, consulting, and investment advisory services. Wealth Management services include review of all aspects of your current financial situation with emphasis on income planning, estate planning, insurance planning, investment planning, retirement planning and capital needs planning. This engagement includes implementation of any recommendations made, including coordinating with other professionals whose services may be required.
- Investment Advisory/Brokerage** – Services are limited to asset management only. Investment advisory services include monitoring and advice pertaining to the investment and reinvestment of assets which are under our management. A quarterly review of portfolio performance is included in this engagement. Additional planning may be requested as needed, and will be billed separately on an hourly basis.
- Financial Planning** – Service is limited to the appraisal of your financial situation and recommendations for the accomplishment of your stated objectives. This engagement does not include any asset management services. The financial analysis will consider one or more of the following elements: current position, cash flow, education funding, retirement planning, income tax planning, estate planning, risk management/insurance, and other specific financial concerns.

INSURANCE

Document Type	Do you currently have?	Date Last Updated/Reviewed?
Basic Will	_____	_____
Power of Attorney	_____	_____
Living Will	_____	_____
Health-Care Proxy	_____	_____
Trust Documents (please list below)		
_____	_____	_____
_____	_____	_____
_____	_____	_____

Insurance Coverage	Do you currently have?	Date Last Updated/Reviewed?
Life Insurance	_____	_____
Disability Insurance	_____	_____
Long-term Care Insurance	_____	_____

Please consider the following questions:

1. How and by whom will your assets be managed for your benefit during your lifetime if you ever become unable to manage them yourself? _____

2. How and to whom your assets will be distributed after your death? _____

3. How and by whom your personal care will be managed and how health care decisions will be made during your lifetime if you become unable to care for yourself? _____

4. Do you have a secure central location for your important documents in the case of an emergency? Does the person who will be responsible for your care know the location of these documents? _____

Long-term care can include a variety of both medical and non-medical services for people who have a chronic illness or disability. Most long-term care serves to assist people with support services such as activities of daily living like dressing, bathing, and using the bathroom. Long-term care can be provided at home, in the community, in assisted living or in nursing homes. In the case that such a need should arrive, the following questions should be considered:

1. Compared to other people your same age, do you consider your health to be: *Please choose one*

- Good
- Average
- Fair
- Poor

2. Do you or your spouse have any serious medical conditions? If so, please explain. _____

3. Have you discussed with your family members your preference for care (i.e. living with family or friends, home care, assisted living, nursing home)? _____

4. Are you and your family financially prepared to pay for these services? _____

Wealth Management is about more than money. We want to know what matters to you most. We strive to understand our clients' personal preferences as well as their financial goals.

	<u>Client</u>	<u>Spouse</u>
Food:	_____	_____
Activity/Hobby:	_____	_____
Restaurant:	_____	_____
Wine:	_____	_____
Flower:	_____	_____
Charity:	_____	_____

Risk Tolerance Profile

1. Which of the following best describes your current employment situation?
 - Full-Time
 - Part-Time
 - Retired
 - Unemployed

2. Do you plan to work during retirement?
 - Full-Time, for as long as possible
 - Full-Time, for a few years
 - Part-Time
 - Not at All

3. If you own a home, do you have more than 30% equity? No Yes

4. From an original investment of \$15,000, your portfolio increases to \$25,000 and suddenly declines by \$3,750 or 15% (to a new value of \$21,250). Which best describes your response?
 - I would look for a way to invest more
 - I would take no action
 - I would be somewhat concerned
 - I would avoid any investment that could suddenly lose 15% of its value (If you choose this answer, choose the last answer on the next question)

5. Your portfolio, from the previous question, now worth \$21,250 suddenly declines another \$2,125 or 10% (to a new value of \$19,125). Which best describes your response?
 - I would look for a way to invest more
 - I would take no action
 - I would be somewhat concerned
 - I would probably sell
 - I would never have made this investment (Use this answer if you chose the last answer on the previous question)

6. Have you invested in equities? No Yes

7. Have you invested in Fixed Incomes? No Yes

8. Have you invested in Mutual Funds? No Yes

9. Have you invested in Options, Futures, or Derivatives? No Yes

10. How would you describe your level of investment knowledge?
 - None
 - Limited
 - Good
 - Extensive

11. How much investment experience do you have?
 - None
 - Limited (1 to 3 years)
 - Good (3 to 5 years)
 - Extensive (> 5 years)

12. Do you have current income needs from this investment? No Yes



Goals and Objectives

Please rate each goal in order of importance:	Low	Medium	High
Your retirement goals			
Directing a portion of your personal savings or investment portfolio to a tax advantaged vehicle			
Having all of your portfolios consolidated and analyzed to make sure that your overall plan is on track			
Matching your risk tolerance to that of your investment portfolio			
Reviewing your investment performance against that of an index			
Reviewing your investment performance against your plan			
Reviewing alternative retirement methods			
Minimizing the taxes on your investment accounts			
Reviewing techniques to save income tax and estate tax on deferred money			
Asset protection in the result of a serious illness			
Protecting assets in the event that you require Long Term Care in the future			
Receiving adequate income in the event of disability during your working years			
Planning for income for your spouse in the event of a premature death			
Planning for income for your children in the event of a premature death			
Generating a guaranteed retirement income stream			
Reviewing your current will structure to eliminate unnecessary taxes			
Distributing your assets equally to your children			
Having your estate in trust for your spouse in order to protect your children's inheritance			
Protecting the assets distributed to your beneficiaries from creditors, divorce and bankruptcy			
Reviewing methods of meeting your estate tax liabilities			
Minimizing Estate Taxes			
Charitable planning for your estate			
Contributing annually to charity			
Other goal (describe):			

