

FORM ADV

UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION AND REPORT BY EXEMPT REPORTING ADVISERS

Primary Business Name: **SECURUS WEALTH MANAGEMENT, LLC**CRD Number: **138919**

Annual Amendment - Item 1 Identifying Information

Rev. 11/2011

WARNING: Complete this form truthfully. False statements or omissions may result in denial of your application, revocation of your registration, or criminal prosecution. You must keep this form updated by filing periodic amendments. See Form ADV General Instruction 4.

Item 1 Identifying Information

Responses to this Item tell us who you are, where you are doing business, and how we can contact you.

A. Your full legal name (if you are a sole proprietor, your last, first, and middle names):

SECURUS WEALTH MANAGEMENT, LLC

B. Name under which you primarily conduct your advisory business, if different from Item 1.A.:

SECURUS WEALTH MANAGEMENT, LLC

List on Section 1.B. of Schedule D any additional names under which you conduct your advisory business.

C. If this filing is reporting a change in your legal name (Item 1.A.) or primary business name (Item 1.B.), enter the new name and specify whether the name change is of

☐ your legal name or ☐ your primary business name:

D. (1) If you are registered with the SEC as an investment adviser, your SEC file number: **801-65912**

(2) If you report to the SEC as an *exempt reporting adviser*, your SEC file number:

E. If you have a number ("CRD Number") assigned by the *FINRA's* CRD system or by the IARD system, your CRD number: **138919**

If your firm does not have a CRD number, skip this Item 1.E. Do not provide the CRD number of one of your officers, employees, or affiliates.

F. *Principal Office and Place of Business*

(1) Address (do not use a P.O. Box):

Number and Street 1: *

3340 ANNAPOLIS LANE N

City: *

PLYMOUTH

State:

Minnesota

Number and Street 2:

SUITE B

Country: *

UNITED STATES

ZIP+4/Postal Code:

55447

If this address is a private residence, check this box: ☐

List on Section 1.F. of Schedule D any office, other than your principal office and place of business, at which you conduct investment advisory business. If you are applying for registration, or are registered, with one or more state securities authorities, you must list all of

your offices in the state or states to which you are applying for registration or with whom you are registered. If you are applying for SEC registration, if you are registered only with the SEC, or if you are reporting to the SEC as an exempt reporting adviser, list the largest five offices in terms of numbers of employees.

(2) Days of week that you normally conduct business at your *principal office and place of business*:

*

☒ Monday - Friday ☐ Other:

Normal business hours at this location: *

8:30AM-5PM

(3) Telephone number at this location: *

763-231-7880

(4) Facsimile number at this location:

763-231-7890

G. Mailing address, if different from your *principal office and place of business* address:

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

If this address is a private residence, check this box: ☐

H. If you are a sole proprietor, state your full residence address, if different from your *principal office and place of business* address in Item 1.F.:

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

Yes No

I. Do you have one or more websites? *

☒ ☐

If "yes," list all website addresses on Section 1.I. of Schedule D. If a website address serves as a portal through which to access other information you have published on the web, you may list the portal without listing addresses for all of the other information. Some advisers may need to list more than one portal address. Do not provide individual electronic mail (e-mail) addresses in response to this Item.

J. Provide the name and contact information of your Chief Compliance Officer: If you are an *exempt reporting adviser*, you must provide the contact information for your Chief Compliance Officer, if you have one. If not, you must complete Item 1.K. below.

Name:

Other titles, if any:

JAMES GOODLAND

PRESIDENT, CEO

Telephone number:

Facsimile number:

763-231-7880

763-231-7890

Number and Street 1:

Number and Street 2:

3340 ANNAPOLIS LANE N

SUITE B

City:

State:

Country:

ZIP+4/Postal Code:

PLYMOUTH

Minnesota

UNITED STATES

55447

Electronic mail (e-mail) address, if Chief Compliance Officer has one:
JIM@SECURUSWEALTH.COM

- K. Additional Regulatory Contact Person: If a person other than the Chief Compliance Officer is authorized to receive information and respond to questions about this Form ADV, you may provide that information here.

Name:		Titles:	
KRISTEN M MUELLER		CHIEF OPERATING OFFICER	
Telephone number:		Facsimile number:	
763-231-7880		763-231-7890	
Number and Street 1:		Number and Street 2:	
3340 ANNAPOLIS LANE N		SUITE B	
City:	State:	Country:	ZIP+4/Postal Code:
PLYMOUTH	Minnesota	UNITED STATES	55447

Electronic mail (e-mail) address, if contact person has one:
KRISTEN@SECURUSWEALTH.COM

- | | Yes | No |
|---|----------------------------------|-----------------------|
| L. Do you maintain some or all of the books and records you are required to keep under Section 204 of the Advisers Act, or similar state law, somewhere other than your <i>principal office and place of business</i> ? | <input checked="" type="radio"/> | <input type="radio"/> |

If "yes," complete Section 1.L. of Schedule D.

- | | Yes | No |
|--|-----------------------|----------------------------------|
| M. Are you registered with a <i>foreign financial regulatory authority</i> ? * | <input type="radio"/> | <input checked="" type="radio"/> |

Answer "no" if you are not registered with a foreign financial regulatory authority, even if you have an affiliate that is registered with a foreign financial regulatory authority. If "yes," complete Section 1.M. of Schedule D.

- | | Yes | No |
|--|-----------------------|----------------------------------|
| N. Are you a public reporting company under Sections 12 or 15(d) of the Securities Exchange Act of 1934? * | <input type="radio"/> | <input checked="" type="radio"/> |

If "yes," provide your CIK number (Central Index Key number that the SEC assigns to each public reporting company):

- | | Yes | No |
|--|-----------------------|----------------------------------|
| O. Did you have \$1 billion or more in assets on the last day of your most recent fiscal year? * | <input type="radio"/> | <input checked="" type="radio"/> |

- P. Provide your *Legal Entity Identifier* if you have one:

A legal entity identifier is a unique number that companies use to identify each other in the financial marketplace. In the first half of 2011, the legal entity identifier standard was still in development. You may not have a legal entity identifier.

SECTION 1.B. Other Business Names

No Information Filed

SECTION 1.F. Other Offices

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest five offices (in terms of numbers of *employees*).

Number and Street 1: *		Number and Street 2:	
6800 FRANCE AVE. S, STE. 735			
City: *	State:	Country: *	ZIP+4/Postal Code:
EDINA	Minnesota	UNITED STATES	55435

If this address is a private residence, check this box: ☐

Telephone Number: *	Facsimile Number:
(952) 285-4511	(952) 920-2655

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest five offices (in terms of numbers of *employees*).

Number and Street 1: *		Number and Street 2:	
200 NE FIRST AVE.			
City: *	State:	Country: *	ZIP+4/Postal Code:
GRAND RAPIDS	Minnesota	UNITED STATES	55744

If this address is a private residence, check this box: ☐

Telephone Number: *	Facsimile Number:
(218) 326-6641	(218) 326-6643

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with

the SEC, or if you are an *exempt reporting adviser*, list only the largest five offices (in terms of numbers of *employees*).

Number and Street 1: *

6465 WAYZATA BLVD SUITE 700

Number and Street 2:

City: *

MINNEAPOLIS

State:

Minnesota

Country: *

UNITED STATES

ZIP+4/Postal Code:

55426

If this address is a private residence, check this box: ☐

Telephone Number: *

(952) 843-4437

Facsimile Number:

(952) 593-5026

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest five offices (in terms of numbers of *employees*).

Number and Street 1: *

401 S. FIRST ST., STE 1702

Number and Street 2:

City: *

MINNEAPOLIS

State:

Minnesota

Country: *

UNITED STATES

ZIP+4/Postal Code:

55401

If this address is a private residence, check this box: ☒

Telephone Number: *

(612) 339-4436

Facsimile Number:

(612) 339-4437

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest five offices (in terms of numbers of *employees*).

Number and Street 1: *

420 SUMMIT AVENUE

Number and Street 2:

SUITE 202

City: *

ST. PAUL

State:

Minnesota

Country: *

UNITED STATES

ZIP+4/Postal Code:

55105

If this address is a private residence, check this box: ☐

Telephone Number: *
(651) 442-0465

Facsimile Number:
866-443-2048

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest five offices (in terms of numbers of *employees*).

Number and Street 1: *
1220 MAIN AVE

Number and Street 2:
SUITE 225A

City: *
FARGO

State:
North Dakota

Country: *
UNITED STATES

ZIP+4/Postal Code:
58103-8201

If this address is a private residence, check this box: ☐

Telephone Number: *
(701) 356-4300

Facsimile Number:
(701) 356-5301

SECTION 1.L. Location of Books and Records

Complete the following information for each location at which you keep your books and records, other than your *principal office and place of business*. You must complete a separate Schedule D Section 1.L. for each location.

Name of entity where books and records are kept: *
DAVID MARTIN AGENCY INC

Number and Street 1: *
6800 FRANCE AVE S

Number and Street 2:
SUITE 735

City: *
EDINA

State:
Minnesota

Country: *
UNITED STATES

ZIP+4/Postal Code:
55435

If this address is a private residence, check this box: ☐

Telephone Number: *
952-848-1308

Facsimile number:
952-920-2655

This is (check one): *

- ☒ one of your branch offices or affiliates.
☐ a third-party unaffiliated recordkeeper.
☐ other.

Briefly describe the books and records kept at this location: *

TRADE TICKETS AND VARIOUS DOCUMENTS REQUIRED FOR IAR CLIENTS AT THIS LOCATION

Name of entity where books and records are kept: *

RIVERVIEW FINANCIAL ADVISORS, LLC

Number and Street 1: *

200 NE 1ST AVENUE

Number and Street 2:

City: *

GRAND RAPIDS

State:

Minnesota

Country: *

UNITED STATES

ZIP+4/Postal Code:

55744

If this address is a private residence, check this box: ☐

Telephone Number: *

218-327-2012

Facsimile number:

218-326-6643

This is (check one): *

- ☒ one of your branch offices or affiliates.
☐ a third-party unaffiliated recordkeeper.
☐ other.

Briefly describe the books and records kept at this location: *

TRADE TICKETS AND VARIOUS DOCUMENTS REQUIRED FOR IAR CLIENTS AT THIS LOCATION

Name of entity where books and records are kept: *

SECURUS WEALTH MANAGEMENT LLC - PAUL HUMPHREY IAR

Number and Street 1: *

401 SOUTH 1ST STREET

Number and Street 2:

SUITE 1702

City: *

MINNEAPOLIS

State:

Minnesota

Country: *

UNITED STATES

ZIP+4/Postal Code:

55401

If this address is a private residence, check this box: ☒

Telephone Number: *

612-339-4436

Facsimile number:

763-231-7890

This is (check one): *

- ☒ one of your branch offices or affiliates.
☐ a third-party unaffiliated recordkeeper.
☐ other.

Briefly describe the books and records kept at this location: *

TRADE TICKETS AND VARIOUS DOCUMENTS REQUIRED FOR IAR CLIENTS AT THIS LOCATION

Name of entity where books and records are kept: *

DYSTE WILLIAMS FINANCIAL GROUP, LLC

Number and Street 1: *

6465 WAYZATA BLVD

Number and Street 2:

SUITE 700

City: *

MINNEAPOLIS

State:

Minnesota

Country: *

UNITED STATES

ZIP+4/Postal Code:

55426-1732

If this address is a private residence, check this box: ☐

Telephone Number: *

952-593-5025

Facsimile number:

952-593-5026

This is (check one): *

- ☒ one of your branch offices or affiliates.
☐ a third-party unaffiliated recordkeeper.
☐ other.

Briefly describe the books and records kept at this location: *

TRADE TICKETS AND VARIOUS DOCUMENTS REQUIRED FOR IAR CLIENTS AT THIS LOCATION

Name of entity where books and records are kept: *

SECURUS WEALTH MANAGEMENT, LLC

Number and Street 1: *

3340-B ANNAPOLIS LANE

Number and Street 2:

City: *

PLYMOUTH

State:

Minnesota

Country: *

UNITED STATES

ZIP+4/Postal Code:

55447

If this address is a private residence, check this box: ☐

Telephone Number: *

763-231-7880

Facsimile number:

763-231-7890

This is (check one): *

- ☒ one of your branch offices or affiliates.
☐ a third-party unaffiliated recordkeeper.
☐ other.

Briefly describe the books and records kept at this location: *

PAPER AND ELECTRONIC FILES.

Name of entity where books and records are kept: *

ORACLE FINANCIAL PLANNERS LLC

Number and Street 1: *

420 SUMMIT AVENUE

Number and Street 2:

202

City: *

ST. PAUL

State:

Minnesota

Country: *

UNITED STATES

ZIP+4/Postal Code:

55102

If this address is a private residence, check this box: ☐

Telephone Number: *

651-442-0465

Facsimile number:

866-443-2048

This is (check one): *

- ☒ one of your branch offices or affiliates.
☐ a third-party unaffiliated recordkeeper.
☐ other.

Briefly describe the books and records kept at this location: *

TRADE TICKETS AND VARIOUS DOCUMENTS REQUIRED FOR IAR CLIENTS AT THIS LOCATION

Name of entity where books and records are kept: *

WILSON FINANCIAL SERVICES

Number and Street 1: *

1220 MAIN AVE

Number and Street 2:

SUITE 225A

City: *

FARGO

State:

North Dakota

Country: *

UNITED STATES

ZIP+4/Postal Code:

58103

If this address is a private residence, check this box: ☐

Telephone Number: *

701-356-4300

Facsimile number:

701-356-4301

This is (check one): *

- ☒ one of your branch offices or affiliates.
☐ a third-party unaffiliated recordkeeper.
☐ other.

Briefly describe the books and records kept at this location: *

TRADE TICKETS AND VARIOUS DOCUMENTS REQUIRED FOR IAR CLIENTS AT THIS LOCATION

SECTION 1.I. Website Addresses

List your website addresses. You must complete a separate Schedule D Section 1.I. for each website address.

Website Address: * WWW.SECURUSWEALTH.COM

SECTION 1.M. Registration with Foreign Financial Regulatory Authorities

No Information Filed

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