Lifestyle Asset Management, Inc.

New Managed Account Information Page

Client Name ______________________________ Date ______________

Account # ____________________ Advisor Name ______________________

Account Type ☐ Qualified ☐ Non-Qualified Total Account Value $ ____________________

Investment Program

Fund Allocation	☐ Aggressive Growth	☐ Growth
	☐ Balanced Growth	☐ Retirement Income
	☐ Balanced Income	☐ Conservative
	☐ High Income	☐ Bond

Individual Equity Management	☐ Legacy GARP	☐ Equity-Income
	☐ ALL-CAP 30	

Total Return Portfolios	☐ Total Return Growth
	☐ Total Return Balanced Growth
	☐ Total Return Balanced Income

Portfolio Constraints

Income requirements ____

____

Liquidity needs ____

____

Time Horizon ☐ Less than Three Years ☐ Three to Five Years

☐ Five to Ten Years ☐ More than Ten Years

Legal and Regulatory Concerns ____

____

Special Situations ____

____

Tax Considerations ____

____

Holdings limitations ____

____

Advisor Signature ______________________________ Date ______________

Please fax this form to (281) 992-9221 or email to pjackson@lsaminc.com.