

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 | <input type="checkbox"/> Aggressive Growth | <input type="checkbox"/> Growth |
| | <input type="checkbox"/> Balanced Growth | <input type="checkbox"/> Retirement Income |
| | <input type="checkbox"/> Balanced Income | <input type="checkbox"/> Conservative |

| | | |
|------------------------------|--------------------------------------|---|
| Individual Equity Management | <input type="checkbox"/> Legacy GARP | <input type="checkbox"/> Large-Cap GARP |
| | <input type="checkbox"/> ALL-CAP 30 | <input type="checkbox"/> Equity-Income |

| | |
|-------------------------|---|
| Total Return Portfolios | <input type="checkbox"/> Total Return Growth |
| | <input type="checkbox"/> Total Return Balanced Growth |
| | <input type="checkbox"/> 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.