Lifestyle Asset Management, Inc.

New Managed Account Information Page – Advance & Protect

Client Name ______________________________ Date ______________

Account # ____________________ Advisor Name ______________________

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

Investment Program

Advance & Protect model	☐ Aggressive Growth ☐ Growth ☐ Balanced Growth

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 ____

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Additional Notes ____

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Advisor Signature ______________________________ Date ______________