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

Thematic Portfolios	☐ Select Opportunities	☐ New Economy

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.