

RETURN TO
MacKenzie Realty Capital, Inc.
89 Davis Road, Ste. 100
Orinda, CA 94563

Service Team
Toll-free 800-854-8357, Option 6
Fax 925-631-9119
Email Investors@mackenzierealty.com

Processing time is approximately 3–5 business days once received in good order.

Please complete sections 1 and 8, and any applicable sections listed below.

This form may be used to make the following changes:

SECTION 2: Change/Correction of Address of Record

SECTION 3: Name Change/Corrections (only use if the SSN/EIN will not be changing)

Legal Documents must be provided to support name change.

Custodian accounts require custodial authorization.

SECTION 4: Change of Distribution Election

Custodial accounts require custodial authorization.

Please confirm any ACH information with financial institution to ensure proper instructions are provided.

SECTION 5: Update Broker Dealer and/or Financial Advisor

SECTION 6: Addition of an Interested Party to Address of Record

SECTION 7: Election of Electronic Delivery of Documents

SECTION 8: Investor Authorization and Signatures

Custodial accounts require custodial authorization.

For account re-registrations, please use the MacKenzie Realty Capital Transfer Form.

1. Investment Registration Information: REQUIRED

Owner/Beneficial Owner _____ SSN/Tax ID _____
(first, middle, last)

Joint Owner/Beneficial Owner _____ SSN/Tax ID _____
(first, middle, last)

2. Change/Correction of Address of Record and/or Contact Information

NEW PHYSICAL ADDRESS

(street)

(city) (state) (zip)

(phone) (New email address)

NEW MAILING ADDRESS (If different than physical address)

(street)

(city) (state) (zip)

3. Name Change/Correction (only use if the SSN/EIN will not be changing) Additional Documents Required

Current Name _____

New Name _____

Reason for Name Change: _____

4. Change of Distribution Instructions (Custodial accounts require custodial authorization)

I choose to participate in the Dividend Reinvestment Plan.
We require that each investor that elects to have his or her dividends reinvested in the fund's Dividend Reinvestment Plan agree to notify the fund and his or her broker dealer or registered investment adviser in writing at any time there is a material change in his or her financial condition, including failure to meet the minimum income and net worth standards imposed by the state in which he or she resides or otherwise.

I choose to have dividends mailed to me at my address of record
Cash dividends for custodial or brokerage accounts will be sent to the custodian of record.

I choose to have dividends mailed to me at the following address:

Name of Financial Institution _____ Account Type _____

Account Number _____

Address _____
(street, city) (state) (zip)

I choose to have dividends electronically deposited via ACH in a checking account, savings account, individual retirement account ("IRA"), brokerage account or sent to the custodian for my benefit. If the ABA number is not listed, a physical check will be issued.

I authorize the funds or their respective agents to deposit my dividends to the account indicated below. This authority will remain in force until I notify the funds in writing to cancel it. In the event that a fund deposits funds erroneously into my account, the fund is authorized to debit my account for the amount of the erroneous deposit. I also hereby acknowledge that money and/or the shares in my account may be subject to applicable abandoned property, escheat or similar laws and may be transferred to the appropriate governmental authority in accordance with such laws, including as a result of account inactivity for the period of time specified in such laws or otherwise. Neither MacKenzie Realty Capital or its affiliates shall be liable for any property delivered in good faith to a governmental authority pursuant to applicable abandoned property, escheat or similar laws.

Name of Financial Institution _____ Account Type _____

Address _____
(street, city) (state) (zip)

ABA Routing Number _____ Account Number _____

5. Change of Broker Dealer/Registered Investment Adviser (RIA)

New Broker Dealer/RIA Firm Name _____

New Financial Adviser/Investor Representative Name _____
(first, middle, last)

Mailing Address _____
(street) (city) (state) (zip)

Branch number _____ Phone _____

CRD Number _____ Email address _____

6. Addition of an Interested Party to Address of Record

Name _____
(first, middle, last)

Mailing Address _____
(street/P.O. box)

(city)

(state)

(zip)

7. Electronic Delivery of Documents

In lieu of receiving documents by mail, I authorize the Company to make available on its website at <http://www.mackenzierealty.com> its quarterly reports, annual reports, tender offer materials, proxy statements, prospectus supplements or other reports required to be delivered to me, as well as any investment or marketing updates, and to notify me via e-mail when such reports or updates are available. (Any investor who elects this option must provide an e-mail address below and ensure that the Company has a current e-mail address for as long as he or she owns Shares.)

E-mail Address _____ Initials _____

8. Investor Authorization and Signatures (Custodial accounts require custodial authorization)

The undersigned hereby authorizes and instructs MacKenzie Realty Capital to implement the changes indicated on this form for the fund(s) indicated in Section 1 of this form on or after the date this form is processed. If this is an investment through an IRA or other custodial arrangement, distributions will continue to be sent to the record owner of the investment at its address as set forth in the records for the applicable fund. If the investor currently has direct deposit of distributions, the fund(s) shall continue to comply with the investor's existing instructions.

For investors electing to participate in the Distribution Reinvestment Plan of a fund, the undersigned warrants receipt of the current prospectus for the applicable fund(s) no later than five business days prior to the date set forth below. The undersigned also warrants that they meet the suitability requirements of the applicable fund(s) and of the individual's state, as applicable. A copy of the applicable fund's current prospectus may be obtained by contacting your financial adviser.

The undersigned acknowledges that he or she has a duty to promptly notify the fund(s) in writing if, at any time during which he or she is participating in the Distribution Reinvestment Plan of the fund(s), or cannot make the representations or warranties set forth in the original subscription agreement.

MY (OUR) SIGNATURE(S) BELOW INDICATES I (WE) HAVE READ THE FOREGOING AND AGREE TO THE TERMS HEREIN. I (We) acknowledge that information and distributions made and/or sent prior to the date upon which this instruction becomes effective (up to 30 days after receipt of this properly completed form) will be made in the manner previously provided for and arranged. This instruction supersedes all prior instructions regarding the subject matter hereof.

Investor or Authorized Person Signature

Date (mm/dd/yyyy)

Joint Owner or Authorized Person Signature

Date (mm/dd/yyyy)

Custodian Authorization/Medallion Stamp Guarantee
(Required for custodial accounts)

Date (mm/dd/yyyy)

Custodian's Signature

SSN/Tax ID