

RETURN TO Mackenzie REIT, Inc.
89 Davis Road, Ste. 100
Orinda, CA 94563

Service Team:
Toll-free 800-854-8357, Option 6
Fax 925-631-9119
Email investors@mackenziecapital.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.*
- *Custodial 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.*
- *For participation in the Distribution Reinvestment Plan, the Accredited Investor Questionnaire must be submitted with this form.*

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 REIT, Inc. 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 Distribution Reinvestment Plan. **(Must include the Accredited Investor Questionnaire.)**
We require that each investor that elects to have his or her distributions reinvested in the fund's Distribution 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 distributions mailed to me at my address of record
Cash distributions for custodial or brokerage accounts will be sent to the custodian of record.

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

Name of Financial Institution _____ Account Type _____

Account Number _____

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

I choose to have distributions 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 distributions 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 REIT, Inc. 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.mackenziecapital.com> its quarterly reports, annual reports, tender offer materials, proxy statements 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 REIT 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.

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

Return to:
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89 Davis Road, Ste 100
Orinda, CA 94563

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Accredited Investor Questionnaire

Mackenzie REIT, Inc.

To Enroll in Distribution Reinvestment Plan ONLY

FINANCIAL SUITABILITY: This Accredited Investor Questionnaire requires the Purchaser(s) to make representations and warranties regarding the financial condition in order to determine if the Purchaser(s) meet the suitability requirements set by MacKenzie REIT, Inc. (the "Company") and/or various government agencies for participating in the Distribution Reinvestment Plan ("DRP"). Please read the following sections carefully and initial as applicable.

INDIVIDUALS (Not for IRA'S or Other Retirement Accounts)

FOR **INDIVIDUAL OR JOINT SUBSCRIBERS**, PLEASE **INITIAL ONE** OF THE FOLLOWING:

- a. _____ You have a net worth (defined as the excess of total assets over total liabilities), or joint net worth with your spouse, of at least \$1,000,000, excluding the value of your principal residence but including all other assets, and the total purchase price for the Units you are purchasing does not exceed 10% of your net worth.
- b. _____ You have individual income (NOT including income of your spouse) which exceeded \$200,000 in each of the two most recent PRIOR years and you reasonably expect an income (not including income of your spouse) in excess of \$200,000 in this CURRENT year.
- c. _____ You have individual combined income (INCLUDING the income of your spouse) which exceeded \$300,000 in each of the two most recent PRIOR years and you reasonably expect a combined income (including income of your spouse) in excess of \$300,000 in this CURRENT year.

IRA'S AND OTHER RETIREMENT PLANS

FOR **INDIVIDUAL RETIREMENT ACCOUNT (IRA) SUBSCRIBERS**, PLEASE **INITIAL**:

_____ **YES** The Subscriber certifies that it is an IRA and the beneficiary thereof is an accredited investor under Section (a), (b), or (c) above (i.e. \$1,000,000 net worth, \$200,000 individual income, or \$300,000 joint income).

FOR **RETIREMENT PLAN AND EMPLOYEE BENEFIT PLAN (INCLUDING KEOGH PLAN) SUBSCRIBERS**, PLEASE **INITIAL ONE** OF THE FOLLOWING:

_____ **YES** The Subscriber certifies that (i) it is an employment benefit plan within the meaning of Title I of the Employee Retirement Income Security Act of 1974 ("ERISA"), and (ii) the decision to invest was made by a plan fiduciary (as defined in Section 3(21) of ERISA) which is either a bank, savings and loan association, insurance company, or registered investment adviser. Please state the name of the Plan Fiduciary _____; OR

_____ **YES** The Subscriber certifies that it is an employee benefit plan under ERISA and has total assets in excess of \$5,000,000; OR

_____ **YES** The Subscriber certifies that all of the plan participants are accredited investors under Section (a), (b), or (c) above (i.e. \$1,000,000 net worth, \$200,000 individual income, or \$300,000 joint income) or on some other basis described in this questionnaire. Please list below the names of all equity owners and the manner in which they qualify:

Name of Each Plan Participant:

Describe Accredited Status:

_____ **YES** The Subscriber certifies that (i) it is a defined contribution or defined benefit plan qualified under Section 401(a) of the Internal Revenue Code, (ii) the plan provides for segregated accounts for each plan participant, (iii) the plan documents provide the plan participant with the authority to direct the plan trustee to make this investment of all or part of the assets attributable to the plan participant's account to the extent of the participant's voluntary contribution plus that portion of the employer's contributions which have vested to the plan participant's benefit; (iv) the plan participant has directed the plan trustee to make this investment, and (v) the plan participant is an accredited investor under Section (a), (b), or (c) above (i.e. \$1,000,000 net worth, \$200,000 individual income, or \$300,000 joint income) or on some other basis described in this questionnaire.

TRUSTS

FOR **TRUST SUBSCRIBERS**, PLEASE **INITIAL ONE** OF THE FOLLOWING:

_____ **YES** The Subscriber certifies that the trustee of the subscribing trust is (i) a bank as defined in Section 3(a)(2) of the Securities Act of 1933 (the "Act"), (ii) acting in its fiduciary capacity as trustee, and (iii) subscribing for the purchase of Units on behalf of the trust; OR

_____ **YES** The Subscriber certifies that (i) the subscribing trust has total assets in excess of \$5,000,000; and (ii) the person making the investment decision on behalf of the trust has such knowledge and experience in financial and business matters that he or she is capable of evaluating the merits and risks of an investment in Units; OR

_____ **YES** The Subscriber certifies that it is (i) a revocable trust which may be amended or revoked at any time by the grantors thereof and (ii) that all of the grantors are accredited investors under Section 11(a), (b), or (c) above (i.e. \$1,000,000 net worth, \$200,000 individual income, or \$300,000 joint income) or on some other basis described in this questionnaire. Please list below the names of all grantors and the manner in which they qualify:

Name of Each Grantor:

Describe Accredited Status:

CORPORATIONS AND PARTNERSHIPS

FOR **CORPORATION OR PARTNERSHIP SUBSCRIBERS**, PLEASE **INITIAL ONE** OF THE FOLLOWING:

_____ **YES** The Subscriber certifies that it (i) was not formed for the specific purpose of investing in the Units and (ii) has total assets in excess of \$5,000,000; OR

_____ **YES** The Subscriber certifies that all of its equity owners are accredited investors under Section (a), (b), or (c) above (i.e. \$1,000,000 net worth, \$200,000 individual income, or \$300,000 joint income) or on some other basis described in this questionnaire. Please list below the names of all equity owners and the manner in which they qualify:

Name of Each Equity Owner:

Describe Accredited Status:

SIGNATURES

MY (OUR) SIGNATURE(S) BELOW INDICATES I (WE) HAVE READ AND INITIALED THE FOREGOING WHERE APPLICABLE AND I (WE) ACKNOWLEDGE THAT THE INFORMATION IS TRUE AND CORRECT.

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

By:
(Print Name)

By:
(Print Name)

(Signature)

(Signature)

SSN/Tax ID: _____ - _____ - _____

SSN/Tax ID: _____ - _____ - _____