

Account Maintenance Form

MacKenzie Capital Management, LP

(Do Not Use for Mackenzie Realty Capital, Inc. or MacKenzie REIT Inc. or MREIT OP)

RETURN TO:

MacKenzie Capital Management, LP
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 7, and any applicable sections listed below.

This form may be used to make the following changes:

SECTION 1: Investment Registration Information - Required

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 note: distributions are paid via physical check only; ACH/Electronic payment instructions will not be honored.

SECTION 5: Update Broker Dealer and/or Financial Advisor

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

SECTION 7: Investor Authorization and Signature(s) - Required

Custodial accounts require custodial authorization.

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

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1. Investment Registration Information - REQUIRED

Partnership Name(s) _____
(Please list all Partnerships the below changes will affect.)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 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)

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5. Change of Investment Adviser/Broker Dealer

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

The undersigned hereby authorizes and instructs MacKenzie Capital Management LP 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 re-cord owner of the investment at its address as set forth in the records for the applicable fund.

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

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