



ACCOUNT MAINTENANCE FORM MACKENZIE CAPITAL MANAGEMENT, LP

NOT TO BE USED FOR MACKENZIE REALTY CAPITAL, INC. OR MACKENZIE REIT, INC.

Please fill out the sections below that apply to your account change. Please only change those sections that need to be updated. If your investment is held in a custodial retirement account additional paperwork may be required.

FAILURE TO FILL OUT THE REQUIRED SECTIONS WILL RESULT IN THE REJECTION OF YOUR REQUEST.

INVESTMENT REGISTRATION INFORMATION (REQUIRED)

OWNER/BENEFICIAL OWNER: _____ SSN/TAX ID: _____

JOINT OWNER/BENEFICIAL OWNER _____ SSN/TAX ID: _____

PARTNERSHIP (REQUIRED):

PLEASE LIST ALL PARTNERSHIP THE BELOW CHANGES WILL AFFECT

1. CHANGE OF HOME ADDRESS:

This address is where all communications will be sent such as quarterly reports, Schedule K1s, and any other communications from the partnership.

Phone Number: _____ Email Address: _____

2. CHANGE OF DISTRIBUTION ADDRESS:

This address is where all distribution payments will be sent. If you are requesting your distributions to be sent to a bank, please be sure to contact them for correct payment instructions. Please note, distributions are paid via physical check only, ACH/Electronic payment instructions will not be honored. CUSTODIAL ACCOUNTS REQUIRE CUSTODIAL AUTHORIZATION.

Account Number _____

3. CHANGE OF REGISTRATION/NAME (only if the SSN/EIN will remain the same as currently on file):

Legal supporting documents must be submitted with this form.

Current Registration/Name: _____

New Registration/Name: _____

Reason for Change: _____

89 Davis Road, Suite 100
Orinda, CA 94563
www.mackenziecapital.com

800-854-8357 main
925-631-9100 local
925-631-9119 fax

MACKENZIE CAPITAL MANAGEMENT, LP
MCM ADVISERS, LP
MCM-GP, INC



4. CHANGE OF INVESTMENT ADVISER/BROKER DEALER:

This will update your Investment Adviser/Broker Dealer. Please note anyone listed as your Investment Adviser/Broker Dealer will receive all information on your account as well as have the ability to call and discuss details of your investment.

Phone Number: _____ Email Address: _____

5. ADDITION OF INTERESTED PARTY TO ADDRESS OF RECORD:

Please list any additional individuals you would like to have access to your personal account information. These individuals will not receive regular mailings but will have the ability to gain access to your investment information such as SSN, addresses, and account numbers.

1. Name: _____ Relation: _____
Phone Number: _____ Email Address: _____

2. Name: _____ Relation: _____
Phone Number: _____ Email Address: _____

3. Name: _____ Relation: _____
Phone Number: _____ Email Address: _____

INVESTOR AUTHORIZATION AND SIGNATURE (REQUIRED):

The undersigned hereby authorizes and instructs MacKenzie Capital Management, LP to implement the changes indicated on this form. CUSTODIAL ACCOUNTS REQUIRE CUSTODIAL AUTHORIZATION.

Investor or Authorized
Person Signature: _____ Date: _____

Investor or Authorized
Person Signature: _____ Date: _____

RETURN TO:

MacKenzie Capital Management, LP
89 Davis Road, Ste. 100 - Orinda, CA 94563

Email: investors@mackenziecapital.com
Fax: 925-631-9119

If you have any questions or need any assistance filling out this form, please feel free to contact our Investor Services Department at 800-854-8357 Option 6.

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