MacKenzie Realty Capital, Inc.



Share Repurchase Program Request Form

This form may be used to request repurchase of your shares in Mackenzie Realty Captial, Inc. (the "Company"). Please complete all sections below.

All requests for a death or disability repurchase must be received within one year after the death or qualifying disability of a stockholder. If persons are joint registered holders of shares, this request to repurchase shares may be made if either of the registered holders dies or becomes disabled. If the stockholder is not a natural person, such as a partnership, corporation or other similar entity, the right to a repurchase does not apply.

Note: A separate form is required for each account for which a repurchase is being requested.

INSTRUCTIONS

- 1. Forms must be received in good order with all applicable supporting documentation.
- 2. All signatures must be guaranteed by a member of an approved Signature Guarantee Medallion Program.
- 3. If this account involves a custodian, forward this form to the custodian for signature with instructions to return it to the Company as indicated below.
- 4. DECEASED SHAREHOLDER: Requests must include a copy of the death certificate and be made by the estate or heir/beneficiary.
- 5. QUALIFYING DISABILITY: Requests must include notice from an applicable governmental agency, such as a Social Security Administration Notice of Award, a U.S. Office of Personnel Management determination of disability under CSRS, a Veteran's Administration record of disability-related discharge, and have received said determination of disability after the date the stockholder acquired the shares. Letters from doctors, hospitals, or hospices will not meet the requirements under the Share Repurchase Program.
- 6. Please deliver this form to: MacKenzie Capital Management, LP, 89 Davis Road, Ste. 100, Orinda CA 94563.
- ORIGINALS REQUIRED DO NOT EMAIL OR FAX.

NOTICES

- 1. Please refer to our Share Repurchase Program for a full description of the terms and conditions of the program. A copy of our Share Repurchase Program can be obtained on our website.
- 2. Our board of directors may determine to amend, suspend or terminate our Share Repurchase program without shareholder approval. We will provide written notice of the amendment, suspension or termination of the program in a current report on Form 8-K filed with the SEC, which will also be made available at www.mackenzierealty.com.
- 3. Repurchase of shares will generally be made quarterly on the Repurchase Date.
- 4. Repurchase of shares of stock will be made quarterly upon reciept of written request in good order to us at least 15 days prior to the end of the quarter and be honored approximately 30 days following the end of the applicable quarter.
- 5. For Death or Disability Repurchases, the Company may repurchase shares at a repurchase price equal to 100% of NAV. For the Repurchase Price of Ordinary Repurchases, please refer to our Share Repurchase Program for a full description of terms and conditions.
- 6. Stockholders may withdraw their repurchase request at any time up to three business days prior to the end of the applicable quarter by sending an email to investors@mackenzierealty.com or faxing the withdrawal to 925-631-9119.
- 7. The Company will effect all repurchases on the last business day of the calendar quarter or any other business day that may be established by the board.
- 8. All shares requested to be repurchased must be beneficially owned by the stockholder of record making the request, or the party presenting the shares must be authorized to do so by the owner of record of the shares and be fully transferable and not subject to any liens or encumbrances.
- 9. We cannot guarantee that we will have sufficient available funds or that we will otherwise be able to accommodate any or all requests made in any applicable Repurchase period.

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1. Repurchase From the Follow	ING ACCOUNT:							
Account Registration:	Social Security Number/Tax ID:							
Share Class: Common Stock	Preferred St	ock						
Repurchase Amount (Select Only One): All Shares	Number of	Number of Shares						
Repurchase Type (Select Only One):								
Ordinary Death - Please provide a copy decedent, the Share Repurch new Tax Identification Numb	of the death certificate. If the lase Program Change of Own	e Shares are currently registered und ership Form will be addiitonally requ	der the Social Security Number of the uired to re-register these Shares to the					
Disability - Please provide proof of a disability from Management.		ation, U.S. Department of Veteran's A	Affairs, or the U.S. Office of Personnel					
2. PAYMENT INSTRUCTIONS:								
Indicate how you wish to receive your payment below. It accounts, including IRAs and other Custodial accounts w	•		ecord. Repurchase proceeds for qualified					
Select Only One: Cash/Check Mailed to Address o	of Record							
Cash/Check Mailed to Third Part	:y/Custodian:							
Name / EntityName /Financia	al Institution							
Mailing Address								
City, State, Zip Code	City, State, Zip Code							
Account Number								
Repurchase Program Considerations - Required (Selection Process Repurchase request on a pro-rata basis if	_	o not process) Repurchase request if	amount will be reduced on a pro-rata					
3. Authorization and Signature	es:							
MY SIGNATURE BELOW INDICATES I HAVE READ THE THEREIN AND HEREIN.	IE DESCRIPTION OF THE CO	OMPANY'S SHARE REPURCHASE	PROGRAM AND AGREE TO THE TERMS					
Investor Name (Please Print)	Signature		Date					
Co-Investor/Custodian Name (Please Print)	Sign	ature	Date					
Investor Signature Guarante (Affix Medallion Signature Guarantee Stan	tee ap Below)	Co-Investor/Custodi (if ap	o-Investor/Custodian Signature Guarantee (if applicable)					

(For Custodial Accounts, Attach a copy of Corporate Resolution for Verification.)

IMPORTANT NOTICE REGARDING MEDALLION SIGNATURE GUARANTEES

A Medallion Signature Guarantee is a verification system used by many different institutions to authorize and guarantee the individual signatures applied to shares requiring transfers. It is the authentication benchmark used by the securities industry when making transfers, including Repurchases of shares. The Medallion seal certifies that the signature is genuine and has legally binding authority.

You may obtain a Medallion Signature Guarantee through your bank, broker or financial advisor. Notary Publics cannot provide a Medallion Signature Guarantee and notarized signatures will not be accepted in place of a Medallion Signature Guarantee. Pleae contact your bank, broker, or financial advisor to obtain the required Medallion Signature Guarantee.

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To be used for Death Repurchases ONLY. This is not a Transfer form.

This form must be completed and submitted with the Share Repurchase Program Request Form if the Shares are currently registered under the Social Security Number of the decedent. It is required to re-register the Shares to the new Social Security Number or Tax Identification Number.

1. New Type of Ownership											
☐ Individual	IR	IRA or other tax exempt retirement account									
Trust (Type: Please specify type (i.e., Family, Living, Revocable, etch he trust agreement.) \ \ O	Other:									
2. New Owner's Registration	Name and Address (If Cust	odial acc	ount, pl	ease ent	er the C	ustodial	Informa	tion.)			
Please print name(s) of new registered owner(s).											
Registration of Owner or Custodian		Taxpay	er Ident	ification	/Social S	Security I	Number				
Name of Beneficial or Joint Owner (if applicable)		Taxpay	er Ident	ification	 /Social S	Security I	Number				
Custodial Account Number (if applicable)											
Street Address/P.O. Box											
City	State					_ Zip					
Home Telephone:	Business 7	Геlephon	e:								
Email Address (Optional):	Country o	of Citizens	ship: _								
Note: Please see Se	ction 2 of the Share Repurchase Requ	ıest Forn	n to spe	ecify pay	ment in	nformat	ion.				
3. Signatures											
I declare that the information supplied above is trupenalties of perjury, by signing this Form, I hereby withholding as a result of a failure to report all intholding, and (c) except as otherwise expressly indiconsent to any provision of this document other the Must be signed by the registered holder(s) as name accounts, and a copy of the resolution must be incompared.	certify that (a) I have provided herein referest or dividends, or the Internal Reve cated above, I am a U.S. person (including the certifications required to avoid the appears in registration. A represental	oy the Co my correct enue Serv ng a U.S. r backup v	mpany et Taxpa vice has esident vithholo	yer Iden notified alien). Tl ding.	tification me tha he Intern	n Numbe t I am no nal Rever	er, (b) I ar o longer nue Serv	n not su subject ice does	bject to to back- not req	back-up up with- uire your	
Owner Name (Please Print)	Signature T					Date					
Joint Owner/Custodian Name (Please Print)	Signature					Date					
Owner Signature Guarantee (Affix Medallion Signature Guarantee Stamp Below)			Joint Investor/Custodian Signature Guarantee (if applicable)								