

**RETURN TO**

Mackenzie Realty Capital, Inc.

**Before June 15, 2018**

1640 School Street  
Moraga, CA 94556

**After June 15, 2018**

89 Davis Road  
Orinda, CA 94563

**Service Team**

Toll-free 800-854-8357, Option 6

Fax 925-631-9119

Email [investors@mackenzierealty.com](mailto:investors@mackenzierealty.com)

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

**Please complete sections 1 and 6, and any applicable sections listed below.**

**This form may be used to make the following changes:**

**SECTION 2: Change/Correction of Address of Record**

*Adviser of record can also update an investor's address.*

**SECTION 3: Addition of an Interested Party to Address of Record**

*Indicate where duplicate tax and/or statements may be sent.*

**SECTION 4: Change of Distribution Election**

*Custodial accounts require custodial authorization.*

*If no fund selection is made in Section 5, changes will be applicable to all funds under the same registration.*

**SECTION 5: Update Broker Dealer and/or Financial Adviser**

To obtain additional forms, change email address or enroll in e-delivery, please visit [www.mackenzierealty.com](http://www.mackenzierealty.com).

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 of Address

### NEW PHYSICAL ADDRESS

\_\_\_\_\_  
(street)  
\_\_\_\_\_  
(city) (state) (zip)

(phone)

### NEW MAILING ADDRESS (if different than physical address)

\_\_\_\_\_  
(street)  
\_\_\_\_\_  
(city) (state) (zip)

## 3. Addition of an Interested Party to Address of Record

Name \_\_\_\_\_  
(first, middle, last)

Mailing Address \_\_\_\_\_  
(street/P.O. box)  
\_\_\_\_\_  
(city) (state) (zip)

## 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 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. 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

\_\_\_\_\_

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