

REQUEST FOR WAIVER

South Jersey Industries, Inc. Dividend Reinvestment and Direct Stock Purchase Plan

To: Shareholder Services
South Jersey Industries Inc.
1 South Jersey Plaza
Folsom, NJ 08037

Telephone: 609-561-9000 ext. 4173
Fax Number: 609-561-8225
Shareholder@sjindustries.com

This form is to be used only by Participants in the South Jersey Industries Inc. (SJI) Dividend Reinvestment and Direct Stock Purchase Plan (the "Plan") who are requesting authorization from SJI to make an optional cash investment under the Plan in excess of the \$100,000 annual maximum.

A new form must be completed each month the Participant wishes to make an optional cash investment in excess of the \$100,000 annual maximum. This form will not be accepted by SJI unless it is completed in its entirety.

The Participant submitting this form hereby certifies that (a) the information contained herein is true and correct as of the date of this form; (b) the Participant has received a copy of the Prospectus relating to the Plan.

Account Information: If new account, please complete a Broadridge Enrollment Form. If you have an existing account, please provide your Broadridge account number.

___ New Account	___ Existing Account	Existing Account Number _____
_____ Participant Company or Individual Name		_____ Tax ID or Social Security Number
_____ Street Address		_____ Phone Number
_____ City	_____ State	_____ Zip
_____ Individual requesting waiver (If different from participant above)		_____ Contact e-mail address
_____ Participant Signature		\$ _____ Amount Requested
_____ Requested Plan Investment Date		_____ Date
Funds must be received at least two business days prior to purchase date:		
Wells Fargo Bank		Bank ABA#: 121000248
Account Name: Broadridge Corporate Issuer Solutions		Bank Account Number: 4124218686
SWIFT Code: WFBIUS6S	FFC: Broadridge FBO South Jersey Industries FFC a/c 4943531525	

Accepted by South Jersey Industries, Inc.

Optional cash investment amount approved

By _____

Name

Date _____

Title

Applicable Waiver discount _____

This Request for Waiver may be withdrawn by the Participant in accordance with the terms of the Plan.