

SOUTH JERSEY INDUSTRIES, INC.

Shareholder Records
1 South Jersey Plaza
Folsom, NJ 08037
1-888-SJI-3100

**DIVIDEND REINVESTMENT PLAN
AUTHORIZATION AND ENROLLMENT FORM**

Are you a current registered shareholder? _____ Yes _____ No

1 Account Ownership

Complete only one part of this section (A,B,C or D)
Please use a pen and **print clearly in CAPITAL LETTERS.**

A. Individual or Joint Account

Owner's Name (first, middle initial, last):

Owner's Social Security Number (used for tax reporting):
_____ - _____ - _____

Joint Owner's Name if applicable (first, middle initial, last):

B. Gift Transfers to a Minor (UGMA UTMA)

Custodian's Name, one name only (first, middle initial, last):

As Custodian for Minor's Name (first, middle initial, last):

Under the _____ Uniform Gifts/Transfers to Minors Act
(State)
Minor's Social Security Number
_____ - _____ - _____

C. Trust

Trustee's Name (first, middle initial, last):

and Co-Trustee's Name if applicable (first, middle initial, last):

As Trustees of (Name of Trust):

For the Benefit of:

Trust's Taxpayer Identification Number _____ - _____ - _____

Date of Trust (month, day, year) _____ - _____ - _____

Individual/Joint Accounts Joint accounts will be presumed to be joint tenants with rights of survivorship unless restricted by applicable state law or otherwise indicated. Only one social security number is required.

Gifts/Transfers to a minor UGMA/UTMA: A minor is the beneficial owner of the account with an adult as custodian, managing the account until the minor becomes of age, as specified in the uniform gift transfers to minor act in the minor's state of residence.

Trust: An account established in accordance with the provisions of a trust agreement.

D. Organization or Business Entity

Name of Entity

Taxpayer Identification Number required for tax reporting:
_____ - _____ - _____

2 Address & Citizenship

Street Address and Apartment or Box Number:

City _____

State _____ Zip Code _____

Citizenship of Owner, Minor or Trust Beneficiary:

- U.S. Citizen
- Resident Alien
- Non-Resident Alien

Country of Citizenship: _____

3 Investment Information

Please make your check payable to South Jersey Industries, Inc. Note that we cannot accept foreign checks. Checks must be drawn on a U.S. Bank and payable in U.S. Dollars.

Initial Purchase

The initial purchase is a minimum of \$100 to a maximum of \$100,000 in any calendar year. Thereafter, subsequent Optional Payments may be a minimum of \$25 to the same maximum of \$100,000 in any calendar year.
\$ _____

Your canceled check serves as your acknowledgment. Account statements are mailed within 2 weeks following purchase date.

4 Dividend Reinvestment Enrollment Election and Taxpayer ID Certification

- Reinvest dividends on all certificated shares
- Pay cash dividends on all certificated shares
- Reinvest dividends on _____ certificated shares and pay cash dividends on remaining certificated shares.

According to the terms of the Plan, dividends on all Plan shares will be reinvested

I certify that I have received and read the prospectus for South Jersey Industries, Inc. Dividend Reinvestment Plan, and I agree to the terms and conditions of the prospectus. Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or

me that I am no longer subject to backup withholding.

Certification Instructions - You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. If I am a Non-Resident Alien, as I've indicated above, I certify under penalties of perjury that I am not a U.S. Citizen or Resident Alien, and that I am an "exempt foreign person" as defined under IRS regulations.

Please make sure that all owners sign the application as required.

X _____
Signature of Joint Tenant or Co-Trustee if applicable Date

X _____

Telephone Number _____