

NJR Dividend Reinvestment and Direct Stock Purchase Plan  
Request for Waiver

**Completed by the Participant**

|   |                                       |  |                            |
|---|---------------------------------------|--|----------------------------|
| <b>Pricing Period Requested:</b>  |                                       | <b>Today's Date:</b>                         |                            |
| <b>Participant Company or Individual Name:</b>  |                                       | <b>Cash Investment Amount Requested:</b>     |                            |
| <b>Individual Authorized to Transact on Account:</b>  |                                       | <b>Social Security Number or Tax I.D.:</b>   |                            |
| <b>Authorized Individual Signature:</b>   |                                       | <b>Street Address:</b>                       |                            |
| <b>Existing EQ Account Number as it Appears on Share Certificate (if applicable):</b>                                     |                                       | <b>City:</b>                                 | <b>State:</b>              |
|   |                                       |  | <b>ZIP:</b>                |
| <b>New Account: Print Name / Registration as it Should Appear on your DRS Account and/or Certificate (if applicable):</b> |                                       | <b>Contact Name / Contact Phone Number:</b>  |                            |
| <b>Contact E-mail Address:</b>  |                                       | <b>Contact Fax Number:</b>                   |                            |
| <b>Payment Method:</b><br>Wire Transfer   | Other (Specify)                       | Other payment methods must be approved by EQ |                            |
| <b>Disposition of Shares (check one):</b><br><br>___ Hold shares in my plan account                                       | ___ Issue certificate for full shares | ___ DWAC full shares to DTC# _____           | Check Agent's fee schedule |

Send to: EQ at [wavierdiscount@equiniti.com](mailto:wavierdiscount@equiniti.com) and to James.volpe@equiniti.com

**Accepted by NJR**

|  |  |  |  |
|--|--|--|--|
| <b>Investment Period:</b>  |  | <b>Today's Date:</b>   |  |
| <b>Initial/ Optional Cash Amount Approved:</b>   |  | <b>Discount Amount:</b>  |  |
| <b>Pricing Period:</b><br>___ Days   |  | <b>Pricing period</b> (beginning and ending dates)<br>From: _mm/dd/yyyy To: _mm/dd/yyyy___ |  |
| <b>Threshold Price:</b><br>___ Composite VWAP  |  | <b>Pricing Period Extension Activated:</b> (0 – 5 days)<br>_____ days                      |  |
| <b>Continuous Settlement:</b> Activated/Not Activated<br><b>Reach-Up option:</b> Activated/Not Activated<br><b>Order Flow Flexibility:</b> Activated/Not Activated |  | <b>+/- % on order flow flexibility</b>   |  |
| <b>Authorized Officer Signature:</b><br>_____  |  | <b>Authorized Officer</b><br>Name:<br>Title  |  |