

**Operating Engineers Local 399 and Participating Employers  
Deferred Compensation Employee Savings Plan**

**SS#** \_\_\_\_\_

**NAME** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **WK PHONE** \_\_\_\_\_

**CELL PHONE** \_\_\_\_\_ **EMAIL ADDRESS** \_\_\_\_\_

**MANAGEMENT COMPANY** \_\_\_\_\_

**JOBSITE LOCATION** \_\_\_\_\_

**JOBSITE ADDRESS** \_\_\_\_\_

**PARTICIPANT SIGNATURE** \_\_\_\_\_

**DATE :** \_\_\_\_\_