

**BROKER AGREEMENT**

This Broker Agreement (“Agreement”) by and between Acumen Advisors, Inc, and \_\_\_\_\_ (“Agency”), an Iowa licensed producer/registered firm, is effective as of \_\_\_\_\_ (“Effective Date”), to provide general agency services for Delta Dental of Iowa (“Delta Dental”), an Iowa not-for-profit dental service plan corporation.

Agency Name: \_\_\_\_\_  
[Print Name of Producer/Registered Firm]

SSN: \_\_\_\_\_ Tax ID: \_\_\_\_\_

DOB: \_\_\_\_\_ *[if appointing a sole proprietor agency]*

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

By: \_\_\_\_\_  
[Print Name]

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

If Agency has multiple agents which would be appointed, or wish to be appointed with Delta Dental of Iowa, please complete the separate agent information spreadsheet.

Commission Payments paid to:  Agent or  Agency

Agent/Agency Name: Acumen Advisor Inc \_\_\_\_\_

Tax ID: 27-3865622 \_\_\_\_\_

Address: 425 2nd St SE, Ste 1275 Cedar Rapids, IA 52401 \_\_\_\_\_

