DESIGNATION OF SUBROGATED POLICYHOLDER

Contract No.: _____ Policyholder's name: _____

I, the undersigned policyholder, hereby revoke the subrogated policyholder currently designated for the above-mentioned contract and designate the following subrogated policyholder in the event of our death before expiry of the policy.

Name of subrogated Policyholder	Date of birth YR MO DAY	Relation to the Policyholder	*S.I.N. if available
_____	_____ - _____ - _____	_____	

* The Social Insurance Number will be used for tax purposes only.

_____
Witness to the policyholder's signature

_____
Policyholder's signature

_____
Address (Is it a new address? ◯ Yes ◯ No)

Document signed in _____, **on** _____
(City or municipality) Date

N.B. THE POLICYHOLDERS MUST INITIAL ANY ADDITIONS, DELETIONS OR CHANGES.

(In accepting this designation, the Insurer assumes no responsibility as to its validity.)