

## DESIGNATION OF SUBROGATED POLICYHOLDERS

Contract No.: \_\_\_\_\_ First policyholder's name: \_\_\_\_\_

Second policyholder's name: \_\_\_\_\_

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

First policyholder: \_\_\_\_\_

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

Second policyholder: \_\_\_\_\_

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

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

\_\_\_\_\_  
Witness to the policyholders' signatures

\_\_\_\_\_  
Signature of first policyholder

\_\_\_\_\_  
Signature of second policyholder

Document signed in \_\_\_\_\_,  
(City or municipality)

on \_\_\_\_\_  
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.)