

Identification

Policy number:

I, the undersigned, Owner of the above mentioned Policy, appoint the person named below as Subrogated Policy Owner. If, at the time I die, an insured person under the policy remains alive, the Subrogated Policy Owner, if then living, will become the owner and have all my rights and interest in the above policy. This designation may be revoked or changed at any time.

Subrogated Policy Owner

First name:

Last Name:

Date of birth: / / Social Insurance No.:
Month / Day / Year

This designation may be revoked at any time.

Signature

Signed at: _____ the / /
Month / Day / Year

Policy Owner's signature: _____

Notice: Humania Assurance Inc. expresses no opinion and assumes no responsibility for the designations made in this form.

