

Screen Actors Guild-American Federation of Television and Radio Artists

TRANSFER OF RIGHTS - ASSUMPTION AGREEMENT

SAG-AFTRA Corporate-Educational & Non-Broadcast Contract

TRANSFEROR:

(Company Name)

(Address)

(City, State, Zip)

TRANSFeree:

(Company Name)

(Address)

(City, State, Zip)

This Agreement is effective _____

Transferee hereby agrees with Transferor that all programs covered by this agreement (listed below*) are subject to the SAG-AFTRA Corporate-Educational and Non-Broadcast Contract under which the programs were produced.

Transferee hereby agrees expressly for the benefit of SAG-AFTRA and its members affected thereby to make all payments of fees as provided in said Contract and all Social Security, withholding, unemployment insurance and disability insurance payments and all appropriate contributions to the AFTRA Health & Retirement Plans required under the provisions of said Contract with respect to any and all such payments and to comply with the provisions of said Contract, with respect to the use of such program and required records and reports. It is expressly understood and agreed that the rights of the Transferee to use such programs shall be subject to and conditioned upon the prompt payment to the performers involved of all compensation as provided in said Contract and the SAG-AFTRA, on behalf of the performers involved, shall be entitled to injunctive relief in the event such payments are not made.

The Transferee agrees to give written notice, by mail, to SAG-AFTRA of each such subsequent transfer, assignment or other disposition of any program which is subject to this agreement within 30 days after the consummation of each sale, etc. and such notice shall specify the name and address of the purchaser, transferee or assignee and to deliver to SAG-AFTRA a copy of the agreement with the purchaser, transferee or assignee.

***PROGRAMS COVERED BY THIS AGREEMENT:**

<u>Title and I.D. Number</u>	<u>Product</u>	<u>Session Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(List all other programs on a separate sheet or on reverse side of this form)

Company Name of Transferor:

Company Name of Transferee/New Owner:

Signature of Officer:

Signature of Officer:

Type or Print Officer's Name and Title:

Type or Print Officer's Name and Title:

Date:

Date:

TRANSFeree'S FINANCIAL INFORMATION (Needed only if Transferee is not signatory to the SAG-AFTRA "Corp/Edu" Contract.)

Bank Name: _____ Account No: _____

Branch & Address: _____

Staff Referral: _____ Phone: _____ Fax: _____

APPROVED FOR SAG-AFTRA by: _____ Name & Title: _____ Date: _____