This agreement is effective as of:

SCREEN ACTORS GUILD

Interactive Program Transfer of Rights – Assumption Agreement

Upon the sale, transfer, assignment or other disposition by Produshall not be responsible to the Union or any Union members for	any payments thereafter due wi	th respect to the u	se of such Programs	
or for a breach or violation of this Agreement by such transfered in writing (which consent shall not be unreasonably withheld) at provision substantially in the following form:				
Transferor	Tı	RANSFEREE		
Company Name:	Company Name:			
Address:	Address:			
City, ST, Zip:	City, ST, Zip:			
Country:	Country:			
Transferee hereby agrees with Transferor that all Programs cov Guild Inc Producer Interactive Media Agreement or the 2009			2008 Screen Actors	
Transferee hereby agrees expressly for the benefit of the Unio provided in said Agreement and all social security, withholding appropriate contributions to the SAG Pension and Health Plans and all such payments and to comply with the provisions of sa records and reports. It is expressly understood and agreed that the conditioned upon the prompt payment to the Performers involved behalf of the Performers involved, shall be entitled to injunctive	g, unemployment insurance and required under the provisions of id Agreement with respect to the rights of the Transferee to use d of all compensation as provided	disability insuran of said Agreement he use of such Pro such Programs sh d in said Agreeme	ce payments and all with respect to any grams and required all be subject to and	
Transferor agrees to give written notice by mail to the Union of which is subject to this Agreement within thirty (30) days after name and address of the purchaser, transferee or assignee.				
In the event of a subsequent transfer, assignment, sale or other of Transferee agrees to give written notice, by mail, to the Uniconsummation thereof, and such notice shall specify the name also deliver to the Union a copy of the agreement with the transfer the same form as this agreement.	ion of each such subsequent tr and address of the transferee, a	ansfer, etc. withinsignee or purcha	n 30 days after the ser. Transferee shall	
~ Programs Covere	ed By This Agreement ~			
Program Title		Session Date		
~ Accepted & Agreed to by ~		(List all other programs on separate page.)		
Company Name of Transferor:	Company Name of Transferee:			
Signature of Officer:	Signature of Officer:			
Officer's Name & Title:	Officer's Name & Title:	Officer's Name & Title:		
Date:	Date:			
FINANCIAL INFORMATION (Needed only if Transfer	ee is NOT a Signatory to the SAG In	nteractive Media Agr	reement.)	
TRANSFEREE'S BANK NAME	BRANCH	ACCOUNT		
STREET	CITY	STATE	ZIPCODE	
STAFF REFERRAL	PHONE	FAX		
Approved for SAG-AFTRA:		Data		