

APPROVED FOR SAG-AFTRA

BY:_

2016 SAG-AFTRA Commercials Contract Transfer of Rights — Assumption Agreement

TRANSFEROR:		TRANSFEREE:	
(Company Name)	<u> </u>	(Company Name)	
(Address)		(Address)	
(City, State, Zip)		(City, State, Zip)	
Transferee hereby agrees with Transferor that all co AFTRA Commercials Contract under which the co covered commercials from the Transferor to the Tra	ommercials were produc		
Transferee hereby agrees, expressly for the benefit limited to holding fees and use fees, as provided insurance payments and all appropriate contribution under the provisions of said Contract with respect specifically the arbitration provisions and procedure. It is expressly understood and agreed that the right payment to the performers involved of all compensentitled to injunctive relief in the event such payment. In the event of a subsequent transfer, assignment, stagrees to give written notice, by mail, to the Union notice shall specify the name and address of the transferee, assignee or purchaser, which agrees to give written notice, which agrees to give written notice, assignee or purchaser, which agrees to give written notice, assignee or purchaser, which agrees to give written notice, assignee or purchaser, which agrees to give written notice, assignee or purchaser, which agrees to give written notice, assignee or purchaser, which agrees to give written notice, assignee or purchaser, which agrees to give written notice or purchaser, which agrees to give written notice, assignee or purchaser, which agrees to give written notice or purchaser.	in said Contract and all such pass to the Screen Actors to any and all such pass contained therein, with sof Transferee to utilize ation as provided in said ats are not made. ale or other disposition be of each such subsequents assignee or pure	Il Social Security, withholding, unemployment in Guild-Producers Pension and Health Plans, IA ayments and to comply with the provisions of sa respect to the use of such commercials and require such commercials shall be subject to and condited Contract and the Union, on behalf of the performance of	nsurance and disability CF and AMF required aid Contract, including red records and reports. tioned upon the prompt mers involved, shall be a agreement, Transferee lation thereof, and such
Failure to obtain the required written assumption agr		substantial breach of this Contract.	
*COMMERCIALS COVERED BY THIS AGREEMENTITLE AND I.D. NUMBER	NT: PRODUCT	SESSION DATE	
(List all c	other commercials on revers	se side of this form)	<u> </u>
(Company Name of Transferor)		(Company Name of Transferee)	<u>—</u>
(Signature of Officer)		(Signature of Officer)	<u> </u>
(Type Officer's Name and Title)		(Type Officer's Name and Title)	
DATE:	DATE:		
FINANCIAL INFORMATION: (Needed of	only if Transferee is not sign	natory to SAG-AFTRA Commercials Contract)	
		Branch:	
Address:		Fax:	
Phone:	Staff Referral:	Acct. #:	

PRINT NAME: _

_ DATE:_