



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

TRANSFEROR:

TRANSFEEE:

(Company Name)
(Address)
(City, State, Zip)

(Company Name)
(Address)
(City, State, Zip)

Transferee hereby agrees with Transferor that all commercials covered by this agreement (listed below\*) are subject to the SAG, AFTRA or SAG-AFTRA Commercials Contract under which the commercials were produced, and that the parties contemplate a transfer of exclusive rights in the covered commercials from the Transferor to the Transferee.

Transferee hereby agrees, expressly for the benefit of SAG-AFTRA and its performers affected thereby, to make all payments including, but not limited to holding fees and use fees, as provided in said Contract and all Social Security, withholding, unemployment insurance and disability insurance payments and all appropriate contributions to the Screen Actors Guild-Producers Pension and Health Plans, IACF and AMF required under the provisions of said Contract with respect to any and all such payments and to comply with the provisions of said Contract, including specifically the arbitration provisions and procedures contained therein, with respect to the use of such commercials and required records and reports. It is expressly understood and agreed that the rights of Transferee to utilize such commercials shall be subject to and conditioned upon the prompt payment to the performers involved of all compensation as provided in said Contract and the Union, on behalf of the performers involved, shall be entitled to injunctive relief in the event such payments are not made.

In the event of a subsequent transfer, assignment, sale or other disposition by Transferee of any commercials covered by this agreement, Transferee agrees to give written notice, by mail, to the Union of each such subsequent transfer, etc. within 30 days after the consummation thereof, and such notice shall specify the name and address of the transferee, assignee or purchaser. Transferee shall also deliver to the Union a copy of the agreement with the transferee, assignee or purchaser, which agreement shall be in substantially the same form as this agreement.

Failure to obtain the required written assumption agreement is considered a substantial breach of this Contract.

\*COMMERCIALS COVERED BY THIS AGREEMENT:

Table with 3 columns: TITLE AND I.D. NUMBER, PRODUCT, SESSION DATE

(List all other commercials on reverse side of this form)

(Company Name of Transferor) (Company Name of Transferee)
(Signature of Officer) (Signature of Officer)
(Type Officer's Name and Title) (Type Officer's Name and Title)

DATE: DATE:

FINANCIAL INFORMATION: (Needed only if Transferee is not signatory to SAG-AFTRA Commercials Contract)
Transferee's Bank: Name Branch:
Address: Fax:
Phone: Staff Referral: Acct. #:

APPROVED FOR SAG-AFTRA

BY: PRINT NAME: DATE: