



2013 Radio Recorded Commercials Transfer of Rights - Assumption Agreement

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 radio commercials covered by this agreement (listed below*) are subject to the SAG-AFTRA Radio Recorded Commercials Contract or any predecessor agreement 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 the performers affected thereby, to make all payments of use 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 and Retirement Funds, the AICF 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 radio commercials and required records and reports. It is expressly understood and agreed that the rights of Transferee to utilize such radio commercials shall be subject to, and conditioned upon the prompt payment to the Performers involved of all compensation as provided in said Contract, and SAG-AFTRA, 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 SAG-AFTRA 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 SAG-AFTRA a copy of the agreement with the transferee, assignee or purchaser, which agreement shall be in substantially the same form as this agreement.

*COMMERCIALS COVERED BY THIS AGREEMENT:

Table with 3 columns: TITLE AND Ad-ID® OR OTHER CODE NUMBER, PRODUCT, SESSION DATE. Includes three blank rows for data entry.

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

(Company Name of Transferor)

(Company Name of Transferee)

By: _____
(Signature of Officer)

By: _____
(Signature of Officer)

(Type Officer's Name and Title)

(Type Officer's Name and Title)

Date: _____

Date: _____

FINANCIAL INFORMATION: (Needed only if not signatory to SAG-AFTRA)
Transferee's Bank: Name _____ Branch _____

Address _____ City/Zip _____ Fax # _____

Phone _____ Staff Referral _____ Acct.# _____

APPROVED FOR SAG-AFTRA

By: _____ Print Name: _____ Date: _____