



**2022-2025 Corporate/Educational & Non-Broadcast Contract
Transfer of Rights - Assumption Agreement**

Transferor:

Transferee:

Company Name

Company Name

Address

Address

City, State, Zip

City, State, Zip

Telephone

Telephone

This Agreement is effective _____. Transferee hereby agrees with Transferor that all programs covered by this Agreement (listed below*) are subject to the Screen Actors Guild - American Federation of Television and Radio Artists **2022-2025 SAG-AFTRA Corporate/Educational & Non-Broadcast Contract** under which the programs were produced.

Transferee hereby agrees expressly for the benefit of SAG-AFTRA and its members affected hereby to make all payments of fees as provided in said Contract and all Social Security, Withholding, Unemployment Insurance and Disability Insurance payments all appropriate contributions to SAG-AFTRA Health Plan and AFTRA Retirement Fund 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 program and required records and reports. It is expressly understood and agreed that the rights of Transferee to utilize such program 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 programs 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.

PROGRAMS COVERED BY THE AGREEMENT

TITLE ID#

PRODUCT

SESSION DATE

(LIST ALL OTHER PROGRAMS ON SEPARATE SHEET)

Company Name of Transferor

By: _____
Print Officer Name & Title

Sign: _____

Date: _____

Company Name of Transferee

By: _____
Print Officer Name & Title

Sign: _____

Date: _____

APPROVED FOR SAG-AFTRA

By: _____ Date: _____