

Date:

Transfer #:

**INDUSTRIAL/EDUCATIONAL ASSUMPTION AGREEMENT - TRANSFER
OF RIGHTS**

Transferee/New Owner:

hereby agrees with

Transferor/Producer:

that all programs covered by this agreement (listed below) are subject to the Producers-American Federation of Television and Radio Artists 19 Industrial and Educational Contract. The said Transferee hereby agrees, expressly for the benefit of AFTRA and its members affected thereby to make payments of fees as provided in said contract and all Social Security, withholding, unemployment insurance and disability insurance payments and all appropriate contributions to the AFTRA-Producers Pension and Health Plans required under the provisions of said Contract with respect to any and all such payments and to comply with the provisions of said Contract with respect to the use of such program and required records and reports. It is expressly understood and agreed that the rights of to use 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 AFTRA, on behalf of the performers involved, shall be entitled to injunctive relief in the event such payments have not been made.

The Producer agrees to give written notice, by mail, to AFTRA of each sale, transfer, assignment or other disposition of any program which is subject to this Contract, within 30 days after the consummation of each sale, etc., and such notice shall specify the name and address of the purchaser, transferee, or assignee, and to deliver to AFTRA a copy of the agreement with the purchaser, transferee or assignee.

Effective Date:

PROGRAMS COVERED BY THIS AGREEMENT:

Title	Client	Product	Session

Company Name of Transferor

Company Name of Transferee

BY: _____
Signature of Officer

BY: _____
Signature of Officer

Title: _____

Title: _____

Date: _____

Date: _____

If Transferee is not signatory to AFTRA please complete information below:

Transferee's Bank: _____ Branch: _____
Phone: () _____ Staff Referral: _____ Account #: _____

APPROVED BY:

AFTRA