

Date:

**AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS
Radio Commercials Transfer of Rights - Assumption Agreement**

Transferor:

Transferee:

(Company Name)

(Company Name)

(Address)

(Address)

(City, State, Zip)

(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 American Federation of Television and Radio Artists Radio Recorded Commercials Contract under which the commercials were produced.

Transferee hereby agrees expressly for the benefit of AFTRA and its members 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 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 broadcast such radio commercials shall be subject to and conditioned upon the prompt payments 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 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 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 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:

Title and ID Number	Product	Session Date

(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 Transferee is not signatory to AFTRA) Talent Partners policy requires mandatory completion.		
Transferee's Bank:	Name: _____	Branch: _____
Phone: _____	Staff Referral: _____	Acct. #: _____

APPROVED FOR AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS

By: _____

Date: _____

