

Original Control #: K \_\_\_\_\_

Name: \_\_\_\_\_  
Last, First, MI

ANNEX K TO DD FORM 4 (SUPPLEMENTAL)  
MONTGOMERY GI BILL KICKER INCENTIVE ADDENDUM  
THE ARMY NATIONAL GUARD of the UNITED STATES

For use of this form, see AR 135-7; the proponent agency is NGB-ARH-P ANNEX K TO DD FORM 4

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC, Chapter 1606, Title 5, USC, Section 552a

PRINCIPAL PURPOSE: To record your eligibility, prescribe your entitlement, and provide you with the contract terms of the ARNG MGIB Kicker Incentive for soldiers enrolling into or who have recently completed an ARNG Commissioning Program.

ROUTINE USES: To increase the MGIB Kicker incentive rate of ARNG soldiers entering a Commissioning Program and to ensure that your understanding of these conditions is a matter of record.

DISCLOSURE: Disclosure of your SSN is voluntary. However, if not provided, you will not be eligible for the ARNG MGIB Kicker Incentive.

MODIFICATIONS: Changes or modifications to this Annex are not authorized without the prior approval of the Chief, Human Resources Policy and Programs Division (NGB-ARH), National Guard Bureau, 1411 Jefferson Davis Highway, Arlington, VA 22202.

SECTION I - APPLICABILITY

This Annex is applicable to ARNG soldiers who have a current MGIB Kicker Contract (NGB Form 5435-R) who enroll in a State Officer Candidate School (OCS) Program, Phase II or III, Warrant Officer Candidate School (WOCS) Program or the Simultaneous Membership Program (SMP), MS III or IV. It is also applicable to those ARNG soldiers who have a current MGIB Kicker Contract who have accepted a commission in the ARNG and who sign this Annex within 90 days of completing the OCS/WOCS Program (State or Federal).

SECTION II - INSTRUCTIONS

An ARNG representative will read and explain the MGIB Kicker incentive requirements outlined on this form and attach a copy of this form (initialed, signed and dated) to the original MGIB Kicker contract.

SECTION III - ACKNOWLEDGMENT/ELIGIBILITY

1. I hereby acknowledge that my MGIB Kicker incentive is increased to the new rate of \$\_\_\_\_\_ per month due to my enrollment in or recent completion of an ARNG Commissioning Program.
2. I understand that in order to continue receiving the MGIB Kicker incentive at this new rate that I must complete the commissioning program and accept a commission in the ARNG; \_\_\_\_\_ (initials).
3. I understand that I am eligible to continue receiving the MGIB kicker incentive at this new rate after I receive my commission provided I sign an Officer Service Agreement (DA Form 5447-R) and agree to serve in the ARNG for the number of years remaining on my original MGIB Kicker obligation; \_\_\_\_\_ (initials).
4. I understand that if I fail to complete the commissioning program, fail to accept a commission in the ARNG, fail to complete Officer Basic Course or fail to complete my original MGIB Kicker obligation, that my MGIB Kicker incentive will be subject to suspension,

termination and/or recoupment according to the conditions in the current fiscal year MGIB Kicker Policy published by National Guard Bureau (NGB-ARH); \_\_\_\_\_(initials).

5. I understand that I may return to my previous MGIB Kicker rate if I return in an MOS qualified status to a MGIB Kicker authorized position/MOS in a MGIB Kicker eligible unit; \_\_\_\_\_(initials).

SECTION IV- STATEMENT OF UNDERSTANDING

I have read and understand each of the statements above and have had my questions satisfactorily answered. I understand the statements above are intended to constitute all promises and agreements, whatsoever, concerning my enlistment for the ARNG MGIB Kicker Incentive. A copy of the current fiscal year MGIB Kicker policy is available to me upon request to my unit.

\_\_\_\_\_  
APPLICANT'S SIGNATURE DATE SIGNED

\_\_\_\_\_  
TYPED OR PRINTED NAME AND RANK SSN

SECTION V - CERTIFICATION BY ARNG REPRESENTATIVE

As an authorized ARNG representative, I certify that I have witnessed the reading and signing of the above agreement and the signature appearing above is that of the applicant. I have verified that the applicant has an existing MGIB Kicker contract, and that he/she meets the eligibility requirements for entrance into an ARNG commissioning program and the annual fiscal year MGIB Kicker policy published by National Guard Bureau (NGB-ARH). No other promises were made to the applicant as a condition of entitlement to the MGIB Kicker under the Selected Reserve Incentive Program. In addition, I have obtained the appropriate MGIB Kicker control number from the State MGIB Manager or Education Services Officer (ESO) and will provide the MGIB Manager/ESO and the applicant with a copy of this form.

\_\_\_\_\_  
SIGNATURE OF SERVICE REPRESENTATIVE DATE SIGNED

\_\_\_\_\_  
TYPED OR PRINTED NAME AND RANK TITLE

\_\_\_\_\_  
UNIT / LOCATION PHONE