

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

The proponent agency is NGB-ARM. The prescribing directive is AR 135-7.

KCN:K _____

PRIVACY ACT STATEMENT

1. **AUTHORITY:** Title 10 USC, Chapter 1606; Title 5 USC, Section 552a; and Executive Order 9397.
2. **PURPOSE:** For soldiers enrolling into or who have recently completed an ARNG Commissioning Program. Used to explain obligation and eligibility requirements for entitlement under the Army National Guard MGIB Kicker incentive and to ensure that the soldier's understanding of these conditions is a matter of record. This form will be placed in the member's personnel record.
3. **ROUTINE USES:** None.
4. **DISCLOSURE:** Voluntary; However, if the information is not provided, you will not be eligible for the ARNG MGIB Kicker incentive.

SECTION I - APPLICABILITY

This Annex is applicable to ARNG soldiers who have a current MGIB Kicker Contract (NGB 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 II, 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 or become a participant in the Simultaneous Membership 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 AUTHORIZED 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.

SERVICE REPRESENTATIVE SIGNATURE

DATE SIGNED

TYPED OR PRINTED NAME AND RANK

TITLE

UNIT / LOCATION

PHONE