UTAH ARMY NATIONAL GUARD

ANNEX A: ENLISTED STATEMENT OF AGREEMENT

AUTHORITY & PURPOSE: State Operations Policy 27–03 & UT Code § 39A–3–205. Establishes a binding contract for the State Retention and Recruitment Bonus.

WARNING: This is a legally binding contract. Failure to fulfill obligations, maintain eligibility, or comply with conditions will result in immediate termination of the incentive and mandatory recoupment of all funds paid.

1. INCENTIVE DECLARATION (Check only One)

[ ] Reenlistment (**REB**): $5,000 / 3-yr	[ ] Active Duty To Guard Accession Bonus: $2,500 / 1-yr
[ ] Non-Prior Service - **CS/LD**: $2,500 / 3-yr	[ ] **REB** + **CS/LD** MOS: $7,500 / 3-yr

2. ELIGIBILITY & OBLIGATION ACKNOWLEDGEMENT (Initial each line)

[ ]	I certify I meet all enlistment/reenlistment eligibility criteria and am a satisfactory participant (Policy 27–03) at the time of signature.
[ ]	My current Expiration Term of Service (ETS) falls strictly between 1 July 2026 and 30 June 2028.
[ ]	I have no more than 13 years, 1 month, and 0 days of creditable service for retirement at my contract start date (excluding IRR/ING).
[ ]	I am NOT currently employed full-time as an Active Guard Reserve (AGR) or FTNG Counter Drug member.
[ ]	I commit to the full service obligation for my selected bonus. Payment is a single lump sum mailed via paper check to the address listed on this form.
[ ]	I have read and accept all conditions for bonus termination and recoupment as mandated by State Operations Policy 27–03.
[ ]	I affirm no other promises, verbal or written, have been made to me in connection with this financial incentive.

3. CERTIFICATION & SIGNATURES

STATEMENT OF OBLIGATION & TAX LIABILITY: This contract is void if I fail to meet eligibility upon signing. Failing to maintain requirements for the contract duration will result in termination and financial recoupment. I acknowledge I will receive an IRS Form 1099 and accept sole responsibility for all associated federal and state tax liabilities.

PART A: SERVICE MEMBER CERTIFICATION

Name (Last, First, MI):	**Unit UIC & MOS:**
Mailing Address, city, state, zip:	**Signature & Date:**

PART B: UNIT REPRESENTATIVE CERTIFICATION

Name (Last, First, MI) and Billet:	**Control Number:**
Signature:	**Date:**