



*QuantumScape Securities Litigation*

ELECTRONIC CLAIM FILING GUIDELINES



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## Overview

Electronic Claim Filing applies to institutions or entities that are filing multiple Proofs of Claim and Release on behalf of themselves and/or others, as well as individuals or entities that are filing Proofs of Claim and Release with a large number of transactions (50+).

Electronic Claim Filings are subject to rejection if not prepared in compliance with these Electronic Claim Filing Guidelines.

PLEASE NOTE: No Electronic Claim Filing will be considered to have been properly submitted unless the Claims Administrator issues to the filer a written acknowledgment of receipt and acceptance of electronically submitted data.

## Electronic Filing Requirements

### Complete and Sign a Proof of Claim and Release:

- One executed Proof of Claim and Release should be completed per submission. This Proof of Claim and Release serves as a master Proof of Claim and Release for one or all of the accounts included on your file. The Proof of Claim and Release is attached hereto as Appendix B.
- Separate Claims should be submitted for each separate legal entity (*e.g.*, a claim from joint owners should not include separate transactions of just one of the joint owners, and an individual should not combine his or her IRA transactions with transactions made solely in the individual's name). Conversely, a single Claim should be submitted on behalf of one legal entity including all transactions made by that entity, no matter how many separate accounts that entity has (*e.g.*, a corporation with multiple brokerage accounts should include all transactions made in all accounts on one Claim).
- Complete the first page of the Proof of Claim and Release. Be sure to include company name, account name/number, and company address. If submitting an electronic file on behalf of several accounts, enter "Various Accounts" for the account name/number.
- Complete the signature page on the Proof of Claim and Release. If you are filing on behalf of your clients, you must include a letter or document providing your authorization to sign on behalf of your clients, as set forth in Appendix C.
- A valid email address must be on file with the Claims Administrator. Communication regarding deficiencies and rejections on electronically filed claims may be conducted by email. A valid email address **MUST** be included on the Proof of Claim and Release, and the email address provided **MUST** be updated in the event the contact person or email address changes; it is the sole responsibility of the filing party to maintain up-to-date, complete contact information with the Claims Administrator.

### Prepare a cover letter:

- A cover letter **MUST** be included with the master Proof of Claim and Release. The cover letter must include the total number of accounts; total number of transactions; total number of shares purchased, acquired, and sold; and contact name(s) with phone number(s) and email address(es). Please see the sample cover letter as set forth in Appendix D.



## Prepare a data file:

- An Excel spreadsheet or other electronic file containing account information and transactional data MUST be prepared in accordance with A.B. Data, Ltd.'s Electronic Claim Filing Template Mapping Instructions found in Appendix E. The following formats are acceptable: a) MEDIA: CD, DVD, and FLASH DRIVE and b) DATA: ASCII, MS EXCEL, and MS ACCESS. For your convenience, an Excel spreadsheet template is available for your use and may be downloaded from [www.QuantumScapeSettlement.com](http://www.QuantumScapeSettlement.com).
- If you cannot provide the information in the aforementioned formats or you have other requests, questions, concerns, or comments, please email A.B. Data, Ltd., at [efiling@abdata.com](mailto:efiling@abdata.com) or you may call 866-778-9623 to speak to an Electronic Claims Filing Specialist.

## Mail your executed master Proof of Claim and Release with a cover letter and media format to:

*QuantumScape Securities Litigation*  
ATTN: ELECTRONIC CLAIMS DEPARTMENT  
C/O A.B. DATA, LTD.  
PO BOX 173131  
MILWAUKEE, WI 53217

Or:

*QuantumScape Securities Litigation*  
ATTN: ELECTRONIC CLAIMS DEPARTMENT  
C/O A.B. DATA, LTD.  
3410 WEST HOPKINS STREET  
MILWAUKEE, WI 53216

## Documentation Requirements

A.B. Data, Ltd., reserves the right to request additional documentation at any time after your Proof of Claim and Release and file have been received and processed. The documentation provided should be sufficient to verify the validity and accuracy of the data provided in the file.

If you provided a letter/affidavit attesting to the truth and accuracy of your data when initially submitting your file, A.B. Data may still require specific documentary evidence (trade confirmations, monthly statement, or equivalent) to verify the details of your transactions and/or holdings.

## How to account for Free Receipts, Free Deliveries, and Transfers

Free receipt, free delivery, and transfer transactions are not eligible for payment unless you have additional information regarding the original purchase, acquisition, or subsequent sale. If you do not have this information, free receipt, free delivery, and transfer transactions should only be included on your electronic file for balancing purposes. You MUST use the following instructions when filing for accounts that have free receipt, free delivery, and transfer transactions during the Class Period:

**If shares were transferred to or from a different custodian (corresponding account is not on your electronic file), you must follow these instructions:**

- **SHARES RECEIVED INTO ACCOUNT:** You must account for any received shares by providing the opening position or original purchase or acquisition of these shares from the prior account.
- **SHARES DELIVERED OUT OF ACCOUNT:** You must account for any delivered shares by providing the sale and/or closing position from the subsequent account.



- **NO INFORMATION AVAILABLE ON ORIGINAL PURCHASE/ACQUISITION or SUBSEQUENT SALE:** You must provide the free receipt and/or free delivery shares in order to balance your claim. A “transfer in” should be reflected as transaction type “FR,” and a “transfer out” should be reflected as transaction type “FD” (prices and net amounts should be zero).

**If shares were transferred between accounts on your file, you must follow these instructions:**

- **DO NOT** claim the same purchase or acquisition transaction(s) on both accounts.
- The account that owned the shares most recently should be the account claiming the eligible purchase or acquisition. These shares should already be accounted for in the sales and/or closing position of the most recent account.
- If shares were transferred between accounts for the same beneficial owner on your file, you must combine these accounts and file all eligible purchases, acquisitions, and sales in a single claim. You must also include all opening and closing positions on the claim for that entity.
- If you are unable to combine these accounts accordingly, you must provide the free receipt and free delivery shares in order to balance your claim. A “transfer in” should be reflected as transaction type “FR,” and a “transfer out” should be reflected as transaction type “FD” (prices and net amounts should be zero).

## Claim Balancing

All securities for each Claim must balance. This means the opening position plus all purchases / acquisitions (including free receipts) from November 27, 2020 through and including July 13, 2021 **MUST EQUAL** the total sales (including free deliveries) from November 27, 2020 through and including July 13, 2021 plus the closing position. **(O+P+FR=S+FD+C)** for common stock, and/or warrants of QuantumScape.

All securities for each Claim must balance. This means the opening position plus all purchases / acquisitions (including free receipts) from November 27, 2020 through and including April 14, 2021 **MUST EQUAL** the total sales (including free deliveries) from November 27, 2020 through and including April 14, 2021 plus the closing position. **(O+P+FR=S+FD+C)** for QuantumScape Call/Put options.

Negative values may only be given for short opening or closing positions. All other transactions must be positive values.



## Appendix A

### Case Specific Information

CLASS DEFINITION:	all persons or entities who purchased or otherwise transacted in QuantumScape securities from November 27, 2020, through April 14, 2021, inclusive (“Class Period”), and were damaged thereby.
CLAIM FILING DEADLINE:	December 13, 2024

**The following is a list of eligible Securities:**

SECURITY	TICKER	CUSIP	ISIN
QuantumScape Common Stock	QS	74767V109	US74767V1098
QuantumScape Warrants	QS.WS	74767V117	US74767V1171



**Common Stock transactions for each account should include:**

<b>Transaction Type</b>	<b>Definition</b>	<b>Valid Dates</b>
<b>O</b>	Total number of Shares owned at opening of trading at beginning of Class Period.	November 27, 2020
<b>P</b>	Purchases/acquisitions of Shares during the Class Period.	November 27, 2020 through July 13, 2021
<b>FR</b>	Shares transferred into account during the Class Period.	November 27, 2020 through July 13, 2021
<b>S</b>	Sales of Shares during the Class Period.	November 27, 2020 through July 13, 2021
<b>FD</b>	Shares transferred out of account during the Class Period.	November 27, 2020 through July 13, 2021
<b>C</b>	Total Shares owned at close of trading at end of Class Period.	July 13, 2021

**\*\*\*Please see Appendix E for mapping instructions detailing how to properly submit your file. Files submitted that do not follow the mapping instructions are subject to rejection.**



**Warrant transactions for each account should include:**

<b>Transaction Type</b>	<b>Definition</b>	<b>Valid Dates</b>
<b>O</b>	Total number of Warrants owned at opening of trading at beginning of Class Period.	November 27, 2020
<b>P</b>	Purchases/acquisitions of Warrants during the Class Period.	November 27, 2020 through July 13, 2021
<b>FR</b>	Warrants transferred into account during the Class Period.	November 27, 2020 through July 13, 2021
<b>S</b>	Sales of Warrants during the Class Period.	November 27, 2020 through July 13, 2021
<b>FD</b>	Warrants transferred out of account during the Class Period.	November 27, 2020 through July 13, 2021
<b>C</b>	Total number of Warrants owned at close of trading at end of Class Period.	July 13, 2021

**\*\*\*Please see Appendix E for mapping instructions detailing how to properly submit your file. Files submitted that do not follow the mapping instructions are subject to rejection.**





**Call/ Put Option transactions for each account should include:**

<b>Transaction Type</b>	<b>Definition</b>	<b>Valid Dates</b>
<b>O</b>	Total number of Call and/or Put option contracts held as of the opening of trading at the beginning of the Class Period.	November 27, 2020
<b>P</b>	Purchases/acquisitions of Call and/or Put option contracts during the Class Period.	November 27, 2020 through April 14, 2021
<b>FR</b>	Transfer of Call and/or Put option contracts into account during the Class Period.	November 27, 2020 through April 14, 2021
<b>S</b>	Sales of Call and/or Put option contracts during the Class Period.	November 27, 2020 through April 14, 2021
<b>FD</b>	Transfer of Call and/or Put option contracts out of account during the Class Period.	November 27, 2020 through April 14, 2021
<b>C</b>	Total number of Call and/or Put option contracts held as of the end of the Class Period.	April 14, 2021

**\*\*\*Please see Appendix E for mapping instructions detailing how to properly submit your file. Files submitted that do not follow the mapping instructions are subject to rejection.**



## Appendix B



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**QuantumScape Corporation Settlement**  
**P.O. Box 173131**  
**Milwaukee, WI 53217**  
**Email: [info@QuantumScapeSettlement.com](mailto:info@QuantumScapeSettlement.com)**  
**Settlement Website: [www.QuantumScapeSettlement.com](http://www.QuantumScapeSettlement.com)**

**PROOF OF CLAIM AND RELEASE FORM**

To be eligible to receive a share of the Net Settlement Fund in connection with the Settlement of this Action, you must complete and sign this Proof of Claim and Release Form (“Claim Form”) and mail it by first-class mail to the above address, **postmarked no later than December 13, 2024, or submit it online at [www.QuantumScapeSettlement.com](http://www.QuantumScapeSettlement.com) by December 13, 2024.**

Failure to submit your Claim Form by the date specified will subject your claim to rejection and may preclude you from being eligible to receive any money in connection with the Settlement.

**Do not mail or deliver your Claim Form to the Court, the parties to the Action, or their counsel. Submit your Claim Form only to the Claims Administrator at the address set forth above.**

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## PART I – INSTRUCTIONS

### A. GENERAL INSTRUCTIONS

1. To recover as a member of the Class based on your claims in the Action entitled *In re QuantumScape Securities Class Action Litigation*, No. 3:21-cv-00058-WHO (N.D. Cal.) (the “Action”), you must complete and, on page 11 hereof, sign this Claim Form. If you fail to file a properly addressed (as set forth in paragraph 3 below) Claim Form, your claim may be rejected, and you may be precluded from any recovery from the Net Settlement Fund created in connection with the proposed settlement of the Action. The Class in the Action consists of all Persons who purchased or otherwise acquired QuantumScape common stock or warrants from November 27, 2020 to April 14, 2021, inclusive (the “Class Period”); and/or (ii) transacted in publicly traded call options and/or put options of QuantumScape during the Class Period.

2. Submission of this Claim Form, however, does not ensure that you will share in the proceeds of Net Settlement Fund in the Action.

3. YOU MUST MAIL OR SUBMIT ONLINE YOUR COMPLETED AND SIGNED CLAIM FORM ON OR BEFORE DECEMBER 13, 2024, ADDRESSED AS FOLLOWS:

*QuantumScape Securities Settlement*  
c/o A.B. Data, Ltd.  
P.O. Box 173131  
Milwaukee, WI 53217  
[www.QuantumScapeSettlement.com](http://www.QuantumScapeSettlement.com)

If you are NOT a member of the Class, as defined above and in the Notice of (I) Pendency of Class Action, Certification of Class, and Proposed Settlement; (II) Settlement Fairness Hearing; and (III) Motion for an Award of Attorneys’ Fees and Reimbursement of Litigation Expenses (the “Notice”), DO NOT submit a Claim Form as you may not, directly or indirectly, participate in the Settlement.

4. If you are a member of the Class and you do not timely and validly request exclusion from the Class, you are bound by the terms of any judgment entered in the Action, including the releases provided therein, WHETHER OR NOT YOU SUBMIT A CLAIM FORM.

5. It is important that you completely read and understand the Notice that accompanies this Claim Form, including the Plan of Allocation of the Net Settlement Fund set forth in the Notice. The Notice describes the proposed Settlement, how Class Members are affected by the Settlement, and the manner in which the Net Settlement Fund will be distributed if the Settlement and Plan of Allocation are approved by the Court. The Notice also contains the definitions of many of the defined terms (which are indicated by initial capital letters) used in this Claim Form. By signing and submitting this Claim Form, you will be certifying that you have read and that you understand the Notice, including the terms of the releases described therein and provided for herein.

### B. CLAIMANT IDENTIFICATION

1. If you purchased or acquired QuantumScape common stock or warrants, and/or transacted publicly traded QuantumScape call options and/or put options and held the certificate(s) in your name, you are the beneficial purchaser or acquirer as well as the record purchaser or acquirer. If, however, the certificate(s) were registered in the name of a third-party, such as a nominee or brokerage firm, you are the beneficial purchaser and the third-party is the record purchaser.

2. Use Part II of this form entitled “Claimant Information” to identify the beneficial owner(s) of QuantumScape common stock, warrants, and/or publicly traded QuantumScape call or put options. The complete name(s) of the beneficial owner(s) must be entered. If you held the eligible QuantumScape securities in your own name, you are the beneficial owner as well as the record owner. If, however, your eligible QuantumScape securities were registered in the name of a third-party, such as a nominee or brokerage firm, you are the beneficial owner of these shares, but the third-party is the record owner. **THIS CLAIM MUST BE FILED AND SIGNED BY THE ACTUAL BENEFICIAL PURCHASER(S) OR ACQUIRER(S) OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER(S) OR ACQUIRER(S) OF THE QUANTUMSCAPE SECURITIES UPON WHICH THIS CLAIM IS BASED.**

3. All joint purchasers must sign this Claim Form and be identified in Part II. The Social Security (or taxpayer identification) number and telephone number of the beneficial owner may be used in verifying the claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of the claim.

4. **One Claim should be submitted for each separate legal entity.** Separate Claim Forms should be submitted for each separate legal entity (e.g., a claim from joint owners should not include separate transactions of just one of the joint owners, and an individual should not combine his or her IRA transactions with transactions made solely in the individual’s name). Conversely, a single Claim Form should be submitted on behalf of one legal entity including all transactions made by that entity on one Claim Form, no matter how

many separate accounts that entity has (e.g., a corporation with multiple brokerage accounts should include all transactions made in all accounts on one Claim Form).

5. Agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form on behalf of persons represented by them, and they must:

- (a) expressly state the capacity in which they are acting;
- (b) identify the name, account number, Social Security Number (or taxpayer identification number), address, and telephone number of the beneficial owner of (or other person or entity on whose behalf they are acting with respect to) the QuantumScape securities and/or publicly traded QuantumScape call or put options; and
- (c) furnish herewith evidence of their authority to bind to the Claim Form the person or entity on whose behalf they are acting. (Authority to complete and sign a Claim Form cannot be established by stockbrokers demonstrating only that they have discretionary authority to trade securities in another person's accounts.)

6. By submitting a signed Claim Form, you will be swearing that you:

- (a) own or owned the QuantumScape securities and/or the publicly traded QuantumScape call or put options you have listed in the Claim Form; or
- (b) are expressly authorized to act on behalf of the owner thereof.

### C. CLAIM FORM

1. Use Part III of this form entitled "Schedule of Transactions in QuantumScape Common Stock, Warrants, and/or Publicly Traded QuantumScape Call or Put Options" to supply all required details of your transaction(s) in QuantumScape securities. If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet.

2. On the schedules, provide all of the requested information with respect to all of your purchases, acquisitions, transactions, and sales of QuantumScape securities and/or publicly traded QuantumScape call or put options that took place at any time on or between and including November 27, 2020 and April 14, 2021. Failure to report all such transactions may result in the rejection of your claim. Also, list the number of QuantumScape shares, warrants, and/or publicly traded QuantumScape call or put options held at the close of trading on July 13, 2021.

3. List each transaction in the Class Period separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day, and year of each transaction you list.

4. You are required to submit genuine and sufficient documentation for all of your transactions in and holdings of QuantumScape securities and/or publicly traded QuantumScape call or put options set forth in the Claim Form. Documentation may consist of copies of brokerage confirmation slips or monthly brokerage account statements, or an authorized statement from your broker containing the transactional and holding information found in a broker confirmation slip or account statement. The parties and the Claims Administrator do not independently have information about your investments in QuantumScape securities and/or publicly traded QuantumScape call or put options. **IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OF THE DOCUMENTS OR EQUIVALENT DOCUMENTS FROM YOUR BROKER. FAILURE TO SUPPLY THIS DOCUMENTATION MAY RESULT IN THE REJECTION OF YOUR CLAIM. DO NOT SEND ORIGINAL DOCUMENTS. Please keep a copy of all documents that you send to the Claims Administrator. Also, do not highlight any portion of the Claim Form or any supporting documents.**

5. The above requests are designed to provide the minimum amount of information necessary to process the simplest claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your losses. In the event the Claims Administrator cannot perform the calculation accurately or at a reasonable cost to the Class with the information provided, the Claims Administrator may condition acceptance of the claim upon the production of additional information and/or the Claimant's responsibility for any increased costs due to the nature and/or scope of the claim.

6. If the Court approves the Settlement, payments to eligible Authorized Claimants pursuant to the Plan of Allocation (or such other plan of allocation as the Court approves) will be made after any appeals are resolved, and after the completion of all claims processing. The claims process will take substantial time to complete fully and fairly. Please be patient.

7. **PLEASE NOTE:** As set forth in the Plan of Allocation, each Authorized Claimant shall receive their, his, her, or its *pro rata* share of the Net Settlement Fund. If the prorated payment to any claimant calculates to less than \$10.00, no payment shall be made to that claimant.

8. If you have questions concerning the Claim Form, or need additional copies of the Claim Form or the Notice, you may contact the Claims Administrator, A.B. Data, Ltd., at the address on the first page of the Claim Form, by email at [info@QuantumScapeSettlement.com](mailto:info@QuantumScapeSettlement.com), or by toll-free phone at 866-778-9623, or you can visit the website, [www.QuantumScapeSettlement.com](http://www.QuantumScapeSettlement.com), where copies of the Claim Form and Notice are available for downloading.

9. NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. To obtain the *mandatory* electronic filing requirements and file layout, you may visit the Settlement website at [www.QuantumScapeSettlement.com](http://www.QuantumScapeSettlement.com) or you may email the Claims Administrator's electronic filing department at [info@QuantumScapeSettlement.com](mailto:info@QuantumScapeSettlement.com). **Any file not in accordance with the required electronic filing format will be subject to rejection.** Only one claim should be submitted for each separate legal entity (*see* ¶B.4 above) and the *complete* name of the beneficial owner(s) of the securities must be entered where called for (*see* ¶B.2 above). No electronic files will be considered to have been submitted unless the Claims Administrator issues an email to that effect. **Do not assume that your file has been received until you receive this email.**

**IMPORTANT: PLEASE NOTE**

**YOUR CLAIM IS NOT DEEMED FILED UNTIL YOU RECEIVE AN ACKNOWLEDGMENT POSTCARD OR EMAIL. THE CLAIMS ADMINISTRATOR WILL ACKNOWLEDGE RECEIPT OF YOUR CLAIM FORM BY MAIL, WITHIN 60 DAYS, OR BY EMAIL WITHIN 10 DAYS. IF YOU DO NOT RECEIVE AN ACKNOWLEDGMENT POSTCARD WITHIN 60 DAYS, PLEASE CALL THE CLAIMS ADMINISTRATOR TOLL-FREE AT 866-778-9623 OR AT [INFO@QUANTUMSCAPESETTLEMENT.COM](mailto:INFO@QUANTUMSCAPESETTLEMENT.COM) TO INQUIRE ABOUT YOUR CLAIM AND CONFIRM IT WAS RECEIVED.**

**PART II – CLAIMANT INFORMATION**

The Claims Administrator will use this information for all communications regarding this Claim Form. If this information changes, you MUST notify the Claims Administrator in writing at the address above.

Claimant Name(s) (as the name(s) should appear on the check, if eligible for payment; if the shares are jointly owned, the names of all beneficial owners must be provided):

Name of Person the Claims Administrator Should Contact Regarding this Claim Form (Must Be Provided):

Mailing Address – Line 1: Street Address/P.O. Box:

Mailing Address – Line 2 (If Applicable): Apartment/Suite/Floor Number:

City:

State/Province:

Zip Code:

Country:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Last 4 digits of Claimant Social Security/Taxpayer Identification Number:<sup>1</sup>

Daytime Telephone Number:

Evening Telephone Number:

<input type="text"/>	<input type="text"/>
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Email address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.):

<sup>1</sup> The last four digits of the taxpayer identification number (TIN), consisting of a valid Social Security Number (SSN) for individuals or Employer Identification Number (EIN) for business entities, trusts, estates, etc., and the telephone number of the beneficial owner(s) may be used in verifying this claim.

**PART III: – SCHEDULE OF TRANSACTIONS IN QUANTUMSCAPE COMMON STOCK, WARRANTS, AND/OR PUBLICLY TRADED QUANTUMSCAPE CALL OR PUT OPTIONS**

Please be sure to include proper documentation with your Claim Form as described in detail in Part I.C. – Claim Form, Paragraph 4, above. Do not include information regarding securities other than QuantumScape Corporation common stock, warrants, and/or publicly traded call or put options.

**COMMON STOCK:**

1. Number of shares of QuantumScape common stock held at the opening of trading on November 27, 2020. (Must be documented.) If none, write “zero” or “0”: \_\_\_\_\_

2. Purchases or acquisitions of QuantumScape common stock from November 27, 2020, through April 14, 2021, inclusive. (Must be documented.):

Date of Purchase/ Acquisition (Trade Date) Mo. / Day / Year	Number of Shares Purchased or Acquired	Purchase / Acquisition Price Per Share	Total Purchase or Acquisition Price (excluding any taxes, commissions, and fees)
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$

3. Purchases/Acquisitions during the 90-day lookback period: Number of shares of QuantumScape common stock purchased/acquired (including free receipts) from after the opening of trading on April 15, 2021, through and including the close of trading on July 13, 2021.<sup>2</sup> If none, write “zero” or “0”: \_\_\_\_\_.

4. Sales of QuantumScape common stock from November 27, 2020, through July 13, 2021, inclusive. (Must be documented.):

Date of Sale (Trade Date) Mo. / Day / Year	Number of Shares Sold	Sale Price Per Share	Total Sales Price (not deducting any taxes, commissions, and fees)
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$

5. Number of shares of QuantumScape common stock held at the close of trading on July 13, 2021. (Must be documented.) If none, write “zero” or “0”: \_\_\_\_\_.

If you require additional space, attach extra schedules in the same format as above. Sign and print your name on each additional page.

<sup>2</sup> Information requested in this Claim Form with respect to your transactions on April 15, 2021 through and including the close of trading on July 13, 2021, is needed only in order for the Claims Administrator to confirm that you have reported all relevant transactions. Purchases during this period, however, are not eligible for a recovery because these purchases are outside the Class Period and will not be used for purposes of calculating your Recognized Claim pursuant to the Plan of Allocation.



**WARRANTS:**

1. State the total number of QuantumScape warrants held at the opening of trading on November 27, 2020. (Must be documented.) If none, write “zero” or “0”: \_\_\_\_\_

2. Separately list each and every purchase of QuantumScape warrants during the period from November 27, 2020 through April 14, 2021, inclusive. (Must be documented.):

Date of Purchase/ Acquisition (Trade Date) Mo. / Day / Year	Number of Warrants Purchased	Price Per Warrant (excluding commissions, taxes, and other fees)	Total Purchase Price (excluding commissions, taxes, and other fees)	Exercised? (Y/N)	Exercise Date (MM/DD/YY)
/ /		\$	\$		/ /
/ /		\$	\$		/ /
/ /		\$	\$		/ /
/ /		\$	\$		/ /

3. Purchases/Acquisitions during the 90-day lookback period: Number of QuantumScape warrants purchased/acquired (including free receipts) from after the opening of trading on April 15, 2021, through and including the close of trading on July 13, 2021.<sup>3</sup> If none, write “zero” or “0”: \_\_\_\_\_.

4. Separately list each and every sale of QuantumScape warrants during the period from November 27, 2020 through July 13, 2021, inclusive. (Must be documented.):

Date of Sale (Trade Date) Mo. / Day / Year	Number of Warrants Sold	Price Per Warrant (excluding commissions, taxes, and other fees)	Total Sale Price (excluding commissions, taxes, and other fees)
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$

5. State the total number of QuantumScape warrants held at the close of trading on July 13, 2021. (Must be documented.) If none, write “zero” or “0”: \_\_\_\_\_.

If you require additional space, attach extra schedules in the same format as above. Sign and print your name on each additional page.

<sup>3</sup> Information requested in this Claim Form with respect to your transactions on April 15, 2021 through and including the close of trading on July 13, 2021, is needed only in order for the Claims Administrator to confirm that you have reported all relevant transactions. Purchases during this period, however, are not eligible for a recovery because these purchases are outside the Class Period and will not be used for purposes of calculating your Recognized Claim pursuant to the Plan of Allocation.

**CALL OPTIONS:**

1. Separately list all positions in QuantumScape call option contracts in which you had an open interest as of the opening of trading on November 27, 2020. (Must be documented.)

Strike Price of Call Option Contract	Expiration Date of Call Option Contract (Month/Day/Year)	Option Class Symbol	Number of Call Option Contracts in Which You Had an Open Interest
\$	/ /		
\$	/ /		
\$	/ /		
\$	/ /		

2. Separately list each and every purchase/acquisition (including free receipts) of QuantumScape call option contracts from after the opening of trading on November 27, 2020, through and including the close of trading on April 14, 2021. (Must be documented.)

Date of Purchase (List Chronologically) (Month/Day/Year)	Strike Price of Call Option Contract	Expiration Date of Call Option Contract (Month/Day/Year)	Option Class Symbol	Number of Call Option Contracts Acquired	Purchase Price Per Call Option Contract	Total Purchase Price (excluding taxes, commissions, and fees)	Insert an "E" if Exercised Insert an "A" if Assigned Insert an "X" if Expired	Exercise Date (Month/Day/Year)
/ /	\$	/ /			\$	\$		/ /
/ /	\$	/ /			\$	\$		/ /
/ /	\$	/ /			\$	\$		/ /
/ /	\$	/ /			\$	\$		/ /

3. Separately list each and every sale/disposition (including free deliveries) of QuantumScape call option contracts from after the opening of trading on November 27, 2020, through and including the close of trading on April 14, 2021. (Must be documented.)

Date of Sale (List Chronologically) (Month/Day/Year)	Strike Price of Call Option Contract	Expiration Date of Call Option Contract (Month/Day/Year)	Option Class Symbol	Number of Call Option Contracts Sold	Sale Price Per Call Option Contract	Total Sale Price (excluding taxes, commissions, and fees)
/ /	\$	/ /			\$	\$
/ /	\$	/ /			\$	\$
/ /	\$	/ /			\$	\$

4. Separately list all positions in QuantumScape call option contracts in which you had an open interest as of the close of trading on April 14, 2021. (Must be documented.)

Strike Price of Call Option Contract	Expiration Date of Call Option Contract (Month/Day/Year)	Option Class Symbol	Number of Call Option Contracts in Which You Had an Open Interest
\$	/ /		
\$	/ /		
\$	/ /		

**PUT OPTIONS:**

1. Separately list all positions in QuantumScape put option contracts in which you had an open interest as of the opening of trading on November 27, 2020. (Must be documented.)

Strike Price of Put Option Contract	Expiration Date of Put Option Contract (Month/Day/Year)	Option Class Symbol	Number of Put Option Contracts in Which You Had an Open Interest
\$	/ /		
\$	/ /		
\$	/ /		
\$	/ /		

2. Separately list each and every sale (writing) (including free deliveries) of QuantumScape put option contracts from after the opening of trading on November 27, 2020, through and including the close of trading on April 14, 2021. (Must be documented.)

Date of Sale (Writing) (List Chronologically) (Month/Day/Year)	Strike Price of Put Option Contract	Expiration Date of Put Option Contract (Month/Day/Year)	Option Class Symbol	Number of Put Option Contracts Sold (Written)	Sale Price Per Put Option Contract	Total Sale Price (excluding taxes, commissions, and fees)	Insert an "A" if Assigned Insert an "E" if Exercised Insert an "X" if Expired	Exercise Date (Month/Day/Year)
/ /	\$	/ /				\$		/ /
/ /	\$	/ /				\$		/ /
/ /	\$	/ /				\$		/ /
/ /	\$	/ /				\$		/ /

3. Separately list each and every purchase/acquisition (including free receipts) of QuantumScape put option contracts from after the opening of trading on November 27, 2020, through and including the close of trading on April 14, 2021. (Must be documented.)

Date of Purchase (List Chronologically) (Month/Day/ Year)	Strike Price of Put Option Contract	Expiration Date of Put Option Contract (Month/Day/Year)	Option Class Symbol	Number of Put Option Contracts Purchased	Purchase Price Per Put Option Contract	Total Purchase Price (excluding taxes, commissions, and fees)
/ /	\$	/ /				\$
/ /	\$	/ /				\$
/ /	\$	/ /				\$
/ /	\$	/ /				\$

4. Separately list all positions in QuantumScape put option contracts in which you had an open interest as of the close of trading on April 14, 2021. (Must be documented.)

Strike Price of Put Option Contract	Expiration Date of Put Option Contract (Month/Day/Year)	Option Class Symbol	Number of Put Option Contracts in Which You Had an Open Interest
\$	/ /		
\$	/ /		
\$	/ /		
\$	/ /		

**PART IV – SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS**

I (We) submit this Claim Form under the terms of the Stipulation and Agreement of Settlement dated June 11, 2024 (“Stipulation”) described in the Notice. I (We) also submit to the jurisdiction of the United States District Court for the Northern District of California with respect to my (our) claim as a Class Member (as defined in the Stipulation) and for purposes of enforcing the release set forth herein. I (We) further acknowledge that I am (we are) bound by and subject to the terms of any judgment that may be entered in the Action. I (We) agree to furnish additional information to Plaintiffs’ Counsel and/or the Claims Administrator to support this claim if required to do so. I (We) have not submitted any other claim covering the same purchases, acquisitions, transactions, or sales of QuantumScape securities and/or publicly traded QuantumScape call or put options during the Class Period and know of no other Person having done so on my (our) behalf.

**PART V – RELEASE OF CLAIMS AND SIGNATURE**

**YOU MUST READ AND SIGN THE RELEASE AT PAGES 11-12. FAILURE TO SIGN THE RELEASE MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.**

1. I (We) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally and forever settle, release, relinquish and discharge all of the Released Claims (including Unknown Claims) against each and all of the Released Defendant Persons, all as defined herein and in the Notice and Stipulation.

2. Unknown Claims include, without limitation, those claims in which some or all of the facts composing the claim may be unsuspected, undisclosed, concealed, or hidden. With respect to any and all Released Claims and Released Defendants’ Claims, I (We) stipulate and agree that, upon the Effective Date, I (We) shall expressly waive and relinquish, and each Class Member shall be deemed to have, and by operation of law and of the Judgment shall have, expressly waived and relinquished, to the fullest extent permitted by law, any and all provisions, rights and benefits conferred by California Civil Code §1542, or any law of any state or  
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territory of the United States, or principle of common law or of international or foreign law, which is similar, comparable, or equivalent to California Civil Code §1542, which provides:

**A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party.**

3. This release shall be of no force or effect unless and until the Court approves the Stipulation and it becomes effective on the Effective Date.

4. I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any other part or portion thereof and have not submitted any other claim covering the same purchases of QuantumScape common stock, warrants, and/or transactions of publicly traded QuantumScape call or put options, and know of no other person having done so on my (our) behalf.

5. I (We) hereby warrant and represent that I (we) have included all requested information about all of my (our) purchases or acquisitions of QuantumScape common stock, warrants, and/or transactions of publicly traded QuantumScape call or put options during the Class Period, as well as the number of securities held at the close of trading on July 13, 2021.

6. The number(s) shown on this form is (are) the correct SSN/TIN(s).

7. I (We) waive the right to trial by jury, to the extent it exists, and agree to the determination by the Court of the validity or amount of this claim and waive any right of appeal or review with respect to such determination.

8. I (We) certify that I am (we are) NOT subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code because (a) the Claimant(s) is (are) exempt from backup withholding or (b) the Claimant(s) has (have) not been notified by the IRS that he/she/it is (they are) subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified the Claimant(s) that he/she/it is (they are) no longer subject to backup withholding. **If the IRS has notified the Claimant(s) that he/she/it is (they are) subject to backup withholding, please strike out the language in the preceding sentence indicating that the Claim is not subject to backup withholding in the certification above.**

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS CLAIM FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT THE DOCUMENTS SUBMITTED HERewith ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

---

Signature of Claimant

Date

---

Print your name here

---

Signature of joint Claimant, if any

Date

---

Print your name here

***If the Claimant is other than an individual, or is not the person completing this form, the following also must be provided:***

---

Signature of person signing on behalf of Claimant

Date

---

Print your name here

---

Capacity of person signing on behalf of Claimant, if other than an individual, *e.g.*, executor, president, trustee, custodian, etc. (Must provide evidence of authority to act on behalf of Claimant – *see* paragraph 5 on page 3 of this Claim Form.)

ACCURATE CLAIMS PROCESSING TAKES A  
SIGNIFICANT AMOUNT OF TIME.  
THANK YOU FOR YOUR PATIENCE.

Reminder Checklist:

1. Please sign the above release and acknowledgment.
2. Remember to attach copies of supporting documentation, if available.
3. Do not send original stock certificates. Attach only *copies* of acceptable supporting documentation as these documents will not be returned to you.
4. Keep a copy of your Claim Form and all supporting documentation for your records.
5. If you move, please send us your new address.
6. If you have any questions or concerns regarding your claim, contact the Claims Administrator at *QuantumScape Securities Settlement*, c/o A.B. Data, Ltd., by email at [info@QuantumScapeSettlement.com](mailto:info@QuantumScapeSettlement.com), or by toll-free phone 866-778-9623, or you may visit [www.QuantumScapeSettlement.com](http://www.QuantumScapeSettlement.com). DO NOT call QuantumScape, the other Defendants, or their counsel with questions regarding your claim.

THIS CLAIM FORM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR BY FIRST-CLASS MAIL, **POSTMARKED NO LATER THAN DECEMBER 13, 2024**, ADDRESSED AS FOLLOWS:

QuantumScape Securities Settlement  
P.O. Box 173131  
Milwaukee, WI 53217

**OR SUBMITTED ONLINE AT [WWW.QUANTUMSCAPESETTLEMENT.COM](http://WWW.QUANTUMSCAPESETTLEMENT.COM) BY DECEMBER 13, 2024.**

A Claim Form received by the Claims Administrator shall be deemed to have been submitted when posted, if a postmark date on or before December 13, 2024, is indicated on the envelope and it is mailed First-Class and addressed in accordance with the above instructions. In all other cases, a Claim Form shall be deemed to have been submitted when actually received by the Claims Administrator.

**IMPORTANT: PLEASE NOTE**

**YOUR CLAIM IS NOT DEEMED FILED UNTIL YOU RECEIVE AN ACKNOWLEDGMENT POSTCARD OR EMAIL. THE CLAIMS ADMINISTRATOR WILL ACKNOWLEDGE RECEIPT OF YOUR CLAIM FORM BY MAIL, WITHIN 60 DAYS, OR BY EMAIL WITHIN 10 DAYS. IF YOU DO NOT RECEIVE AN ACKNOWLEDGMENT POSTCARD WITHIN 60 DAYS, PLEASE CALL THE CLAIMS ADMINISTRATOR TOLL-FREE AT 866-778-9623 OR AT [INFO@QUANTUMSCAPESETTLEMENT.COM](mailto:INFO@QUANTUMSCAPESETTLEMENT.COM) TO INQUIRE ABOUT YOUR CLAIM AND CONFIRM IT WAS RECEIVED.**

You should be aware that it will take a significant amount of time to fully process all of the Claim Forms. Please be patient and notify the Claims Administrator of any change of address.

## Appendix C

### Authorization Requirements

**If you are a nominee filing on behalf of your account holders, you must include the following documentation:**

- Affidavit attesting that your entity has legal rights and authorization from your account holders to file Proofs of Claim and Release on their behalf **and** that your account holders understand that they are bound by and subject to the terms of all releases that may be entered in this Settlement, etc.; and
- Authorization to sign on your account holders' behalf.

**If you are a third party filing on behalf of a nominee, you must include an Affidavit attesting to the following:**

- Your entity has the legal right and authorization from the nominee to file and sign any Proofs of Claim and Release on their behalf;
- Your entity has the legal right and authorization from the nominee's account holders to file and sign any Proofs of Claim and Release on their behalf; and
- The account holders understand they are bound by and subject to the terms of all releases that may be entered in the Action.

**If you are a third party filing on behalf of another party, you must include an Affidavit attesting to the following:**

- Your entity has the legal right and authorization from the other party to file and sign any Proofs of Claim and Release on its behalf; and
- The other party understands it is bound by and subject to the terms of all releases that may be entered in the Action.

**If you are not a nominee or a third party and would like to file claims electronically, you must include documentation supporting all transactional data of your claim as follows:**

- Documents may include, but are not limited to, a) photocopies of stockbrokers' confirmation slips; b) photocopies of stockbrokers' monthly statements reflecting ALL transactional data and how it was compiled for the opening of the Class Period through the end of the Class Period; or c) a signed letter from your broker, on their letterhead, providing all of the information that would be found on a confirmation slip and/or other aforementioned documents.



**Appendix D**  
**Sample Cover Letter**

LETTERHEAD

Re: *QuantumScape Securities Class Action Litigation*

Date:

Enclosed is a fully executed master Proof of Claim and Release with required authorizations and affidavits as well as an electronic media attachment, which is being filed in connection with the above-referenced matter on behalf of [COMPANY NAME(S) OR INDIVIDUAL NAME(S)] for the proprietary accounts of [ENTITY].

We, [ENTITY], hereby agree that further communication from the Claims Administrator may be conducted by email, and we accept sole responsibility to ensure the email address for [ENTITY] is updated in the event the email address provided on the master Proof of Claim and Release should change.

The attachment consists of a [CD, DVD, OR FLASH DRIVE] containing [NUMBER] accounts/claims in [ASCII, MS EXCEL, OR MS ACCESS] format with [NUMBER OF TRANSACTIONS] transactions for QuantumScape common stock, warrants, call options, and/or put options as well as the closing positions held for [ENTITY]'s proprietary accounts. Each transaction contains corresponding account information for which the claims are being filed.

The total number of QuantumScape common stock shares, warrants, call options, and/or put options purchased or acquired [##.##] for the amount of [\$0.0000] and QuantumScape common stock shares, warrants, call options, and/or put options sold [##.##] for the amount of [\$0.0000] can be found on the enclosed [CD, DVD, OR FLASH DRIVE].

We, [ENTITY], attest that the data provided on the media attachment corresponds to [ENTITY]'s internal records.

I attest that the above information is true and correct.

Signature

Company Name

Job Title

Contact Information (including telephone number, fax number, and email address).



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## Appendix E

Column	Field Name	Max Length	QUANTUMSCAPE COMMON STOCK FIELD DESCRIPTION
A	Account Number	40	Account number associated with the proprietary account for which transactions are being submitted with this Proof of Claim and Release.
B	Account Name	40	Name of individual, company, or entity associated with the account listed in Column A.
C	Full Name of the Beneficial Owner	40	Full name of the beneficial owner associated with the account listed in Column A.
D	TIN of the Beneficial Owner	9	Taxpayer identification number (TIN) for beneficial owner, no spaces and no dashes.
E	Beneficial Owner TIN Type (E/S/U/F)	1	<b>E</b> = Employer Identification Number (EIN); <b>S</b> = Social Security Number (SSN); <b>U</b> = Unknown; <b>F</b> = Foreign.
F	Care of:	40	Name of the entity to which items should be mailed.
G	Attn:	40	Name of the person to whose attention items should be mailed.
H	Street 1	40	Street Address 1
I	Street 2	40	Street Address 2
J	City	25	City
K	State	2	State
L	Zip Code	5	Zip code
M	Province	40	NON-US ONLY: Province and Postal Code for fund distribution.
N	Country	40	Country
O	CUSIP/ISIN	10	CUSIP number or ISIN for common stock.
P	Transaction Type/Holdings	2	<b>O</b> = Opening position - shares held at opening of trading on November 27, 2020. <b>P</b> = Purchases made between November 27, 2020 through July 13, 2021 inclusive; <b>FR</b> = Free receipts made between November 27, 2020 through July 13, 2021, inclusive; <b>S</b> = Sales made between November 27, 2020 through July 13, 2021, inclusive; <b>FD</b> = Free deliveries made between November 27, 2020 through July 13, 2021, inclusive; <b>C</b> = Closing position – shares held at close of trading on July 13, 2021.
Q	Trade Date (MM/DD/YYYY)	10	Trade date for transaction or holding date for closing position.
R	Number of Shares of Stock	19	Number of shares associated with a transaction. No commas: use decimal point if needed. Up to four digits after decimal point.
S	Price Per Share <b>EXCLUDING</b> Commissions/Taxes/Fees	19	Price per share (USD), excluding commissions/taxes/fees, associated with a transaction. No dollar sign, no commas; use decimal point, if needed. Up to four digits after decimal point. Leave blank when providing closing positions. Use zero when specifying free receipts and/or free deliveries.
T	Total Price <b>EXCLUDING</b> Commissions/Taxes/Fees	19	Aggregate cost or proceeds received (USD), excluding commissions/taxes/fees. No dollar sign, no commas; use decimal point, if needed. Up to four digits after decimal point. Use zero when specifying free receipts and/or free deliveries.

**\*All eligible QuantumScape common stock shares for each account must balance. This means that the opening position plus total purchases, and free receipts during the Class Period and Lookback Period MUST EQUAL the total sales and free deliveries during the Class Period and Lookback Period plus the closing position (O+P+FR+ =S+FD+C).**

**\*You MUST include a cover letter with your electronic file that provides the total number of accounts; total number of transactions; total number of purchases and sales; and contact name(s) with phone number(s) and email address(es) in the event that we have any questions or require further information. See Appendix D for a sample cover letter. Any electronic files not in accordance with these Electronic Claims Filing Guidelines are subject to rejection.**

**Free Receipts and Free Deliveries are provided to balance your claim and will not result in a Recognized Loss under the Plan of Allocation. The original purchase and/or sale information relating to these shares must be provided in your original filing in order to be eligible under the Plan of Allocation.**



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## Appendix E

Column	Field Name	Max Length	QUANTUMSCAPE WARRANTS FIELD DESCRIPTION
A	Account Number	40	Account number associated with the proprietary account for which transactions are being submitted with this Proof of Claim and Release Form.
B	Account Name	40	Name of individual, company, or entity associated with the account listed in Column A.
C	Full Name of the Beneficial Owner	40	Full name of the beneficial owner associated with the account listed in Column A.
D	TIN of the Beneficial Owner	9	Taxpayer identification number (TIN) for beneficial owner, no spaces and no dashes.
E	Beneficial Owner TIN Type (E/S/U/F)	1	<b>E</b> = Employer Identification Number (EIN); <b>S</b> = Social Security Number (SSN); <b>U</b> = Unknown; <b>F</b> = Foreign.
F	Care of:	40	Name of the entity to which items should be mailed.
G	Attn:	40	Name of the person to whose attention items should be mailed.
H	Street 1	40	Street Address 1
I	Street 2	40	Street Address 2
J	City	25	City
K	State	2	State
L	Zip Code	5	Zip code
M	Province	40	Province
N	Country	40	Country
O	CUSIP/ISIN	10	CUSIP number or ISIN for Warrant.
P	Transaction Type/Holdings	2	<b>O</b> = Opening position - opening of trading on November 27, 2020 <b>P</b> = Purchases made between November 27, 2020 through July 13, 2021, inclusive; <b>FR</b> = Free receipts made between November 27, 2020 through July 13, 2021, inclusive; <b>S</b> = Sales made between November 27, 2020 through July 13, 2021, inclusive; <b>FD</b> = Free deliveries made between November 27, 2020 through July 13, 2021, inclusive; <b>C</b> = Closing position – warrants held at close of trading on July 13, 2021
Q	Trade Date (MM/DD/YYYY)	10	Trade date for transaction or holding date for closing position.
R	Number of Warrants	19	Number of warrants associated with a transaction. No commas: use decimal point if needed. Up to four digits after decimal point.
S	Price Per Warrant <b>EXCLUDING</b> Commissions/Taxes/Fees	19	Price per warrant (USD), excluding commissions/taxes/fees, associated with a transaction. No dollar sign, no commas; use decimal point, if needed. Up to four digits after decimal point. Leave blank when providing closing positions. Use zero when specifying free receipts and/or free deliveries.
T	Total Price <b>EXCLUDING</b> Commissions/Taxes/Fees	19	Aggregate cost or proceeds received (USD), excluding commissions/taxes/fees. No dollar sign, no commas; use decimal point, if needed. Up to four digits after decimal point. Use zero when specifying free receipts and/or free deliveries.
U	Exercised? (Y/N)	1	Y = Exercised N = Not Exercised
V	Exercise Date (MM/DD/YY)	10	Date of Exercise (if column U is “Y”)

**\*All eligible QuantumScape warrants for each account must balance. This means that the opening position plus total purchases, and free receipts during the Class Period and Lookback Period MUST EQUAL the total sales and free deliveries during the Class Period and Lookback Period plus the closing position (O+P+FR+ =S+FD+C).**

**\*You MUST include a cover letter with your electronic file that provides the total number of accounts; total number of transactions; total number of purchases and sales; and contact name(s) with phone number(s) and email address(es) in the event that we have any questions or require further information. See Appendix D for a sample cover letter. Any electronic files not in accordance with these Electronic Claims Filing Guidelines are subject to rejection.**

**Free Receipts (“FR”) and Free Deliveries (“FD”) should only be provided to balance your claim for shares transferred between accounts in your submission and will not result in a Recognized Loss under the Plan of Allocation. In order for these shares to be eligible under the Plan of Allocation, the original purchase and/or sale information relating to these shares must be provided in your filing.**



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## Appendix E

Column	Field Name	Max Length	QUANTUMSCAPE CALL/PUT OPTIONS FIELD DESCRIPTION
A	Account Number	40	Account number associated with the proprietary account for which transactions are being submitted with this Proof of Claim and Release.
B	Account Name	40	Name of individual, company, or entity associated with the account listed in Column A.
C	Full Name of the Beneficial Owner	40	Full name of the beneficial owner associated with the account listed in Column A.
D	TIN of the Beneficial Owner	9	Taxpayer identification number (TIN) for beneficial owner, no spaces and no dashes.
E	Beneficial Owner TIN Type (E/S/U/F)	1	<b>E</b> = Employer Identification Number (EIN); <b>S</b> = Social Security Number (SSN); <b>U</b> = Unknown; <b>F</b> = Foreign.
F	Care of:	40	Name of the entity to which correspondence should be mailed.
G	Attn:	40	Name of the person to whose attention correspondence should be mailed.
H	Street 1	40	Street Address 1 for fund distribution
I	Street 2	40	Street Address 2 for fund distribution
J	City	25	City for fund distribution
K	State	2	State for fund distribution
L	Zip Code	5	Zip code for fund distribution
M	Province	40	NON-US ONLY: Province and Postal Code for fund distribution.
N	Country	40	Country for fund distribution
O	PUT/CALL	10	Type of option
P	Transaction Type/Holdings	2	<b>O</b> = Opening position – Call/Put Options held as of the opening of trading on November 27, 2020 <b>P</b> = Purchases made between November 27, 2020 through and including April 14, 2021 <b>FR</b> = Free receipts made between November 27, 2020 through and including April 14, 2021 <b>S</b> = Sales made between November 27, 2020 through and including April 14, 2021 <b>FD</b> = Free deliveries made between November 27, 2020 through and including April 14, 2021 <b>C</b> = Closing position – Call/Put Options held at close of trading on April 14, 2021
Q	Trade Date	10	Trade date for transaction or holding date for opening and closing positions
R	Number of Options contracts	19	Number of contracts associated with a transaction. No commas; use decimal point if needed. Up to four digits after decimal point.
S	Price Per Share <b>EXCLUDING</b> Commissions/Taxes/Fees	19	Price per share (USD) of option, excluding commissions/taxes/fees, associated with a transaction. No dollar sign, no commas; use decimal point, if needed. Up to four digits after decimal point. Leave blank when providing opening positions or closing positions. Use zero when specifying free receipts and/or free deliveries.
T	Total Price <b>EXCLUDING</b> Commissions/Taxes/Fees	19	Aggregate cost or proceeds received (USD), excluding commissions/taxes/fees. No dollar sign, no commas; use decimal point, if needed. Up to four digits after decimal point. Use zero when specifying free receipts and/or free deliveries.
U	Expiry Month (MM/YYYY)	13	Expiration Date of Option Contract
V	Strike Price (\$xxx.xxxx)	19	Strike price.
W	Status (X/A/E)	1	Status of Option Contract (if during Class Period). X = Expire, A = Assign, E = Exercise. If this status changed after the Class Period provide a record with a Closing Position Transaction Type in field P
X	Assignment/Exercise Date (MM/DD/YYYY)	13	Date of Option, Assignment, or Exercise (If during Class Period.) If this status changed after the Class Period provide a record with a Closing Position Transaction Type in field P

**\*All eligible QuantumScape Call/Put Option Contracts for each contract for each account must balance. This means that the opening position plus total purchases, and free receipts during the Class Period plus MUST EQUAL the total sales and free deliveries during the Class Period plus the closing position (O+P+FR=S+FD+C).**

**\* You MUST include a cover letter with your electronic file that provides the total number of accounts; total number of transactions; total number of purchases and sales; and contact name(s) with phone number(s) and email address(es) in the event that we have any questions or require further information. See Appendix D for a sample cover letter. Any electronic files not in accordance with these Electronic Claims Filing Guidelines are subject to rejection.**

**\*Free Receipts and Free Deliveries are provided to balance your claim and will not result in a Recognized Loss under the Plan of Allocation. The original purchase and/or sale information relating to these shares must be provided in your original filing in order to be eligible under the Plan of Allocation.**



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