

QuantumScape Corporation Settlement
P.O. Box 173131
Milwaukee, WI 53217
Email: info@QuantumScapeSettlement.com
Settlement Website: 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 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.

<u>TABLE OF CONTENTS</u>	<u>PAGE #</u>
PART I – INSTRUCTIONS	2
PART II – CLAIMANT INFORMATION	5
PART III – SCHEDULE OF TRANSACTIONS IN QUANTUMSCAPE COMMON STOCK, WARRANTS, AND/OR PUBLICLY TRADED QUANTUMSCAPE CALL OR PUT OPTIONS	6
PART IV – SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS	10
PART V – RELEASE OF CLAIMS AND SIGNATURE	10

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

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, or by toll-free phone at 866-778-9623, or you can visit the website, 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 or you may email the Claims Administrator's electronic filing department at 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 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"/>
----------------------	----------------------	----------------------

Last 4 digits of Claimant Social Security/Taxpayer Identification Number:¹

Daytime Telephone Number:

Evening Telephone Number:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

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.):

¹ 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, 2021.² 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.

² 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, 2021.³ 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.

³ 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
 Questions? Visit www.QuantumScapeSettlement.com or call 1-866-778-9623

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, or by toll-free phone 866-778-9623, or you may visit 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 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 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.