

**UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA**

ABDULADHIM A. ALGHAZWI,
individually and on behalf of all others
similarly situated,

Plaintiff,

vs.

THE BEAUTY HEALTH COMPANY,
ANDREW STANLEICK, and LIYUAN
WOO,

Defendants.

Case No.: 2:23-cv-09733-SPG-MAA

PROOF OF CLAIM AND RELEASE

Hon. Sherilyn Peace Garnett

PROOF OF CLAIM AND RELEASE

I. GENERAL INSTRUCTIONS

1. It is important that you completely read and understand the Notice of Pendency and Proposed Settlement of Class Action (the “Notice”) that accompanies this Proof of Claim and Release form (“Proof of Claim” or “Claim Form”), including the Plan of Allocation of the Net Settlement Fund set forth in the Notice. The Notice describes the proposed Settlement, how Settlement 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 in the Notice and provided for in this Claim Form.

2. To recover as a Settlement Class Member you must complete and, on page 13 hereof, sign this Proof of Claim. If you fail to submit a properly addressed (as set forth in paragraph 4 below) Proof of Claim, 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.

3. Submission of this Proof of Claim, however, does not assure that you

will share in the proceeds of the Settlement in the Action. To share in the proceeds, the Claims Administrator must determine, based on the information in your Proof of Claim, that you have a Recognized Loss as a result of your purchases or acquisitions or sales or dispositions of SkinHealth Systems Inc. f/k/a The Beauty Health Company (“BeautyHealth”) Securities during the period from May 10, 2022, through November 13, 2023, inclusive.

4. THIS CLAIM FORM MUST BE SUBMITTED ONLINE AT WWW.BEAUTYHEALTHSECURITIESLITIGATION.COM NO LATER THAN JANUARY 19, 2027, OR, IF MAILED, BE POSTMARKED OR RECEIVED NO LATER THAN JANUARY 19, 2027, ADDRESSED AS FOLLOWS:

BeautyHealth Securities Settlement
c/o Stretto
410 Exchange, Suite 100
Irvine, CA 92602

5. If you are a Settlement Class Member, you are bound by the terms of any judgment entered in the Action, WHETHER OR NOT YOU SUBMIT A PROOF OF CLAIM OR RECEIVE A PAYMENT, unless you previously requested exclusion from the Settlement Class that was certified in this Action. If you previously submitted a valid request for exclusion, do not submit a Claim Form because you will no longer be eligible to do so.

6. YOUR CLAIM IS NOT DEEMED FILED UNTIL YOU RECEIVE AN ACKNOWLEDGEMENT POSTCARD OR CONFIRMATION EMAIL. THE CLAIMS ADMINISTRATOR WILL ACKNOWLEDGE RECEIPT OF YOUR CLAIM FORM BY MAIL OR EMAIL WITHIN 60 DAYS. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT POSTCARD OR CONFIRMATION EMAIL WITHIN 60 DAYS, PLEASE CALL THE CLAIMS ADMINISTRATOR TOLL FREE AT (855) 905-5327.

II. CLAIMANT IDENTIFICATION

1. All joint beneficial owners must sign this Claim Form. If you purchased or otherwise acquired BeautyHealth Common Stock or BeautyHealth Call Options, or sold BeautyHealth Put Options, during the Settlement Class Period (May 10, 2022 through November 13, 2023, inclusive) and held the securities in your name, you are the beneficial owner as well as the record owner and you must sign this Claim Form to participate in the Settlement. If, however, you purchased or otherwise acquired

BeautyHealth Common Stock or BeautyHealth Call Options, or sold BeautyHealth Put Options, during the Settlement Class Period and the securities were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial owner of these securities, but the third party is the record owner. **THE BENEFICIAL OWNER, NOT THE RECORD OWNER, MUST SIGN THIS CLAIM FORM.**

2. Separate Claim Forms should be submitted for each separate legal entity (*e.g.*, a claim from joint owners should not include separate transactions through an account that is in the name of just one of the joint owners, and an individual should not combine his or her IRA transactions with transactions made through an account 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).

3. 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, last four digits of the beneficial owner's 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 BeautyHealth Securities; and
- c. furnish 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 stock in another person's accounts.)

4. The last four digits of your 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 YOUR claim.

III. IDENTIFICATION OF TRANSACTIONS

1. Use Part II of this Claim Form titled “Schedule of Transactions in BeautyHealth Securities” to supply all required details of your transaction(s). If you need more space or additional schedules, attach separate sheets giving all of the required information in substantively the same form. Sign and print or type your name on each additional sheet.

2. Please note: Only BeautyHealth Common Stock, BeautyHealth Call Options purchased/acquired, and BeautyHealth Put Options sold, during the Settlement Class Period (*i.e.*, from May 10, 2022 through November 13, 2023, inclusive) are eligible under the Settlement. However, because the law provides for a “90-Day look back period” (described in the Plan of Allocation set forth in the Notice), you must provide documentation related to your purchases and sales of BeautyHealth Common Stock during the period from May 10, 2022 to February 9, 2024, inclusive, in order for the Claims Administrator to calculate your Recognized Loss Amount under the Plan of Allocation and process your claim.

3. List each transaction in the Settlement 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 and holdings in the BeautyHealth Securities set forth in the Schedule of Transactions in Part II A-C of this 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 Settling Parties and the Claims Administrator do not independently have information about your investments in BeautyHealth Securities. IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OR EQUIVALENT CONTEMPORANEOUS 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, please do not highlight any portion of the Claim Form or any supporting documents. The above requests are designed to provide the minimum amount of information necessary to process the simplest claims.

5. NOTICE REGARDING INSTITUTIONAL FILERS: Representatives with authority to file on behalf of (a) accounts of multiple Settlement Class Members

and/or (b) institutional accounts with large numbers of transactions (“Representative Filers”) must submit information regarding their transactions in an electronic spreadsheet format. If you are a Representative Filer, you must contact the Claims Administrator at info@BeautyHealthSecuritiesLitigation.com, or visit their website at www.BeautyHealthSecuritiesLitigation.com to obtain the required file layout. Claims which are not submitted in electronic spreadsheet format and in accordance with the Claims Administrator’s instructions may be subject to rejection. All Representative Filers MUST also submit a manually signed Claim Form, as well as proof of authority to file (see Section II – CLAIMANT IDENTIFICATION, paragraph 3 above), along with the electronic spreadsheet format. No claims submitted in electronic spreadsheet format will be considered to have been properly submitted unless the Claims Administrator issues to the Claimant a written acknowledgement of receipt and acceptance of electronically submitted data.

6. NOTICE REGARDING ONLINE FILING: Claimants who are not Representative Filers may submit their claims online using the electronic version of the Claim Form hosted at www.BeautyHealthSecuritiesLitigation.com. If you are not acting as a Representative Filer, you do not need to contact the Claims Administrator prior to filing; you will receive an automated email confirming receipt once your Claim Form has been submitted. If you are unsure if you should submit your claim as a Representative Filer, please contact the Claims Administrator at info@BeautyHealthSecuritiesLitigation.com or (855) 905-5327. If you are not a Representative Filer, but your claim contains a large number of transactions, the Claims Administrator may request that you also submit an electronic spreadsheet showing your transactions to accompany your Claim Form.

PART I: CLAIMANT IDENTIFICATION

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. Complete names of all persons and entities must be provided.

Beneficial Owner (Enter name exactly as you would like it to appear on a payment.)	
Beneficial Owner (continued)	
Street Address:	
Street Address Line 2:	
City:	
State:	
Zip:	
Foreign Province:	
Foreign Postal Code:	
Foreign Country:	
Area Code Telephone No. (day)	Area Code Telephone No. (evening)
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.):	
Last Four Digits of Social Security Number	Last Four Digits of Taxpayer Identification Number (for estates, corporations, etc.)
OR	

PART II: SCHEDULE OF TRANSACTIONS IN BEAUTYHEALTH SECURITIES

A. SCHEDULE OF TRANSACTIONS IN BEAUTYHEALTH COMMON STOCK

Complete this section if and only if you purchased or otherwise acquired BeautyHealth Common Stock between May 10, 2022 and November 13, 2023, both dates inclusive. Please include proper documentation with your Claim Form as described in detail in Section III – Identification of Transactions, paragraph 4, above. Do not include information in this section regarding securities other than BeautyHealth Common Stock.

A. BEGINNING HOLDINGS: State the total number of shares of BeautyHealth Common Stock held at the close of trading on May 9, 2022 (<i>must be documented</i>). If none, write “zero” or “0.”			
B. PURCHASES/ACQUISITIONS DURING THE SETTLEMENT CLASS PERIOD AND DURING THE 90-DAY LOOKBACK PERIOD: Separately list each and every purchase or acquisition of BeautyHealth Common Stock between May 10, 2022 and February 9, 2024, both dates inclusive, and provide the following information (<i>must be documented</i>). ¹			IF NONE, CHECK HERE ○
Date of Purchase (List Chronologically) (Month/Day/Year)	Number of Shares Purchased/Acquired	Purchase Price per Share	Total Purchase Price (Excluding Commissions, Taxes, and Fees)
		\$	\$
		\$	\$
		\$	\$
		\$	\$
C. SALES DURING THE SETTLEMENT CLASS PERIOD AND DURING THE 90-DAY LOOKBACK PERIOD: Separately list each and every sale of BeautyHealth Common Stock between May 10, 2022 and February 9, 2024, both dates inclusive, and provide the following information (<i>must be documented</i>).			IF NONE, CHECK HERE ○
Date of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price per Share	Total Sale Price (Excluding Commissions, Taxes, and Fees)
		\$	\$
		\$	\$
		\$	\$
		\$	\$
D. ENDING HOLDINGS: State the total number of shares of BeautyHealth Common Stock held at the close of trading on February 9, 2024 (<i>must be documented</i>). If none, write “zero” or “0.”			

IF ADDITIONAL SPACE IS NEEDED, ATTACH SEPARATE, NUMBERED SHEETS, GIVING ALL REQUIRED INFORMATION, SUBSTANTIALLY IN THE SAME FORMAT, AND PRINT YOUR NAME AND SOCIAL SECURITY OR TAXPAYER IDENTIFICATION NUMBER AT THE TOP OF EACH SHEET.

¹ Purchases made in the Lookback Period (November 14, 2023 through February 9, 2024) are not eligible for payment under the terms of the Plan of Allocation. However, information for these purchases is required in order to ensure proper calculation of Recognized Loss under the terms of the Plan of Allocation.

B. SCHEDULE OF TRANSACTIONS IN BEAUTYHEALTH CALL OPTION CONTRACTS

Complete this section if and only if you purchased or otherwise acquired BeautyHealth Call Options between May 10, 2022 and November 13, 2023, both dates inclusive. Please include proper documentation with your Claim Form as described in detail in Section III – Identification of Transactions, paragraph 4, above. Do not include information in this section regarding securities other than BeautyHealth Call Options.

A. BEGINNING HOLDINGS: Separately list all positions in BeautyHealth Call Option contracts in which you had an open interest as of the close of trading on May 9, 2022 (<i>must be documented</i>).		IF NONE, CHECK HERE ☐
Strike Price of Call Option Contract	Expiration Date of Call Option Contract (Month/Day/Year)	Number of Call Option Contracts in Which You Had an Open Interest
\$		
\$		
\$		
\$		

B. PURCHASES/ACQUISITIONS DURING THE SETTLEMENT CLASS PERIOD: Separately list each and every purchase or acquisition of BeautyHealth Call Option contracts between May 10, 2022 and November 13, 2023, both dates inclusive, and provide the following information (*must be documented*).

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

C. SALES DURING THE SETTLEMENT CLASS PERIOD: Separately list each and every sale/disposition of BeautyHealth Call Options between May 10, 2022 and November 13, 2023, both dates inclusive, and provide the following information (*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)	Number of Call Option Contracts Sold	Sale Price Per Call Option Contract	Total Sale Price (excluding taxes, commissions, and fees)
	\$			\$	\$
	\$			\$	\$
	\$			\$	\$
	\$			\$	\$

D. ENDING HOLDINGS: Separately list all positions in BeautyHealth Call Option contracts in which you had an open interest as of the close of trading on November 13, 2023 (*must be documented*).

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

IF ADDITIONAL SPACE IS NEEDED, ATTACH SEPARATE, NUMBERED SHEETS, GIVING ALL REQUIRED INFORMATION, SUBSTANTIALLY IN THE SAME FORMAT, AND PRINT YOUR NAME AND SOCIAL SECURITY OR TAXPAYER IDENTIFICATION NUMBER AT THE TOP OF EACH SHEET.

C. SCHEDULE OF TRANSACTIONS IN BEAUTYHEALTH PUT OPTION CONTRACTS

Complete this section if and only if you sold (wrote) BeautyHealth Put Options between May 10, 2022 and November 13, 2023, both dates inclusive. Please include proper documentation with your Claim Form as described in detail in Section III – Identification of Transactions, paragraph 4, above. Do not include information in this section regarding securities other than BeautyHealth Put Options.

A. BEGINNING HOLDINGS: Separately list all positions in BeautyHealth Put Option contracts in which you had an open interest as of the close of trading on May 9, 2022 (<i>must be documented</i>).			IF NONE, CHECK HERE ☐
Strike Price of Put Option Contract	Expiration Date of Put Option Contract (Month/Day/Year)	Number of Put Option Contracts in Which You Had an Open Interest	
\$			
\$			
\$			
\$			

B. SALES (WRITING) DURING THE SETTLEMENT CLASS PERIOD: Separately list each and every sale (writing) of BeautyHealth Put Option contracts between May 10, 2022 and November 13, 2023, both dates inclusive, and provide the following information (<i>must be documented</i>).							
Date of Sale (Writing) (List Chronologically) (Month/Day/Year)	Strike Price of Put Option Contract	Expiration Date of Put Option Contract (Month/Day/Year)	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/Assignment/Expiration Date (Month/Day/Year)
	\$			\$	\$		
	\$			\$	\$		
	\$			\$	\$		
	\$			\$	\$		

C. PURCHASES/ACQUISITIONS DURING THE SETTLEMENT CLASS PERIOD: Separately list each and every purchase/acquisition of BeautyHealth Put Option contracts between May 10, 2022 and November 13, 2023, both dates inclusive, and provide the following information (<i>must be documented</i>).						IF NONE, CHECK HERE ☐
Date of Purchase/Acquisition (List Chronologically) (Month/Day/Year)	Strike Price of Put Option Contract	Expiration Date of Put Option Contract (Month/Day/Year)	Number of Put Option Contracts Purchased/Acquired	Purchase/Acquisition Price Per Put Option Contract	Total Purchase/Acquisition Price (excluding taxes, commissions, and fees)	
	\$			\$	\$	
	\$			\$	\$	
	\$			\$	\$	
	\$			\$	\$	

D. ENDING HOLDINGS: Separately list all positions in BeautyHealth Put Option contracts in which you had an open interest as of the close of trading on November 13, 2023 (<i>must be documented</i>).			IF NONE, CHECK HERE ☐
Strike Price of Put Option Contract	Expiration Date of Put Option Contract (Month/Day/Year)	Number of Put Option Contracts in Which You Had an Open Interest	
\$			
\$			
\$			
\$			

IF ADDITIONAL SPACE IS NEEDED, ATTACH SEPARATE, NUMBERED SHEETS, GIVING ALL REQUIRED INFORMATION, SUBSTANTIALLY IN THE SAME FORMAT, AND PRINT YOUR NAME AND SOCIAL SECURITY OR TAXPAYER IDENTIFICATION NUMBER AT THE TOP OF EACH SHEET.

IV. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

I (We) submit this Proof of Claim and Release under the terms of the Stipulation and Agreement of Settlement, dated June 17, 2026 (“Stipulation”) described in the Notice. I (We) also submit to the jurisdiction of the United States District Court for the Central District of California, with respect to my (our) claim as a Settlement Class Member (as defined in the Notice) and for purposes of enforcing the release set forth herein. I (We) further acknowledge that I am (we are) not excluded from the Settlement Class and am (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 support this claim if required to do so. I (We) have not submitted any other claim covering the same purchases or sales of BeautyHealth Securities during the Settlement Class Period and know of no other Person having done so on my (our) behalf.

V. RELEASE

1. I (We) hereby acknowledge, on behalf of myself (ourselves) and each of my (our) past and present trustees, fiduciaries, guardians, representatives, estate trustees, heirs, executors, administrators, predecessors, successors and assigns, and any other person claiming by, through, or on behalf of myself (ourselves), in their capacities as such, that I (we) shall be deemed by operation of law to (a) have released, waived, discharged, and dismissed each and every one of the Released Claims against the Released Defendant Persons; and (b) forever be enjoined from commencing, instituting, or prosecuting any or all of the Released Claims against any of the Released Defendant Persons.

2. “Immediate Family Members” means, as defined in 17 C.F.R. § 229.404, Instructions 1(a)(iii) and 1(b)(ii), a Person’s children, stepchildren, parents, stepparents, spouses, siblings, mothers-in-law, fathers-in-law, sons-in-law, daughters-in-law, brothers-in-law, sisters-in-law, and any persons (other than a tenant or employee) sharing the household of the Person.

3. “Released Claims” means any and all claims (including Unknown Claims as defined below), liabilities, demands, debts, obligations, judgments, damages, losses, rights, suits, matters, issues, or causes of action, of every nature and description whatsoever, in law or in equity, whether accrued or unaccrued, fixed or contingent, direct, individual, class, or representative, under federal, state, statutory, foreign law, or any other law, rule, or regulation, that were, could have been, or could in the future be asserted in any court of competent jurisdiction or any

other adjudicatory tribunal, that in whole or in part, directly or indirectly, arise out of or are based upon the same factual predicate as: (i) any claims or causes of action that Lead Plaintiffs or any other member of the Settlement Class asserted in the Action; or (ii) any claims or causes of action that were or could have been asserted in any forum and that (a) arise out of the allegations, transactions, facts, matters, occurrences, statements, or omissions that are alleged in the Action, and (b) relate to the purchase, acquisition, sale, disposition, or holding of BeautyHealth Securities. For avoidance of doubt, this release does not cover, include, or release claims relating to Excluded Claims.

4. “Released Defendant Persons” means all Defendants and any Persons or entities affiliated or connected with any of them, including all of their respective current and former officers, directors, managers, employees, contractors, consultants, accountants, attorneys, experts, auditors, insurers, financial advisors, professional advisors, investment bankers, representatives, underwriters, fiduciaries, affiliated persons and entities, control persons, sponsors, parents, subsidiaries, beneficiaries, heirs, successors, predecessors, assigns, principals, agents, Immediate Family members, Related Persons, associates, partners, divisions, joint venturers, executors, trustees, trustors, administrators, general or limited partners or partnerships, limited liability companies, members, personal or legal representatives, estates, administrators, or entities in which Defendants have a controlling interest.

5. “Related Persons,” with respect to a Person, means (a) their Immediate Family Members; (b) any trust that such Person is the settlor of or which is for their benefit and/or the benefit of them or their Immediate Family Members; (c) the Person’s subsidiaries, parent entities, affiliates, divisions, and departments; and (d), for any of the foregoing Persons, their respective past and present officers, directors, managing directors, partners, employees, auditors, underwriters, accountants, representatives, insurers, trustees, trustors, agents, attorneys, professionals, predecessors, successors, assigns, heirs, executors, and administrators, in their capacities as such.

6. “Unknown Claims” means: (i) any claims that Lead Plaintiffs or any Settlement Class Member does not know or suspect to exist in his, her, or its favor at the time of the release of the Released Defendant Persons, which if known by him, her, or it, might have affected his, her, or its decision(s) with respect to the Settlement with and release of the Released Defendant Persons, including, but not limited to, the decision not to object to the Settlement; and (ii) any Released Claims Against Lead Plaintiffs that BeautyHealth does not know or expect to exist in its favor at the

time of the release of the Released Plaintiff Persons, which if known by it might have affected its decision with respect to the Settlement. With respect to any and all Released Claims and Released Claims Against Lead Plaintiffs, the Settling Parties stipulate and agree that upon the Effective Date, the Settling Parties shall expressly waive, and each of the Settlement Class Members shall be deemed to have waived and by operation of the Judgment or the Alternative Judgment, if applicable, shall have expressly waived, any and all provisions, rights, and benefits conferred by any law of any state or territory of the United States, or principle of common law or foreign law that is similar, comparable, or equivalent to Cal. Civ. 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.”

The Settling Parties acknowledge that they may hereafter discover facts in addition to or different from those which he, she, it or their counsel now knows or believes to be true with respect to the subject matter of the Released Claims or Released Claims Against Lead Plaintiffs, but the Settling Parties shall expressly fully, finally, and forever waive, compromise, settle, discharge, extinguish and release, and each Settling Party shall be deemed to have waived, compromised, settled, discharged, extinguished, and released, and upon the Effective Date, and by operation of the Judgment shall have waived, compromised, settled, discharged, extinguished, and released, fully, finally, and forever, any and all Released Claims and Released Claims Against Lead Plaintiffs, known or unknown, suspected or unsuspected, contingent or non-contingent, whether or not concealed or hidden, which now exist, or heretofore have existed, upon any theory of law or equity now existing or coming into existence in the future, including, but not limited to, conduct which is negligent, intentional, with or without malice, or a breach of any duty, law or rule, without regard to the subsequent discovery or existence of such different or additional facts, legal theories, or authorities. The Settling Parties acknowledge, and the Settlement Class Members shall be deemed by operation of the Judgment to have acknowledged, that the inclusion of “Unknown Claims” in the definitions of Released Claims and Released Claims Against Lead Plaintiffs was separately bargained for and a key element of the Settlement of which this release is a part.

7. This release shall be of no force or effect unless and until the Court approves the Settlement set forth in the Stipulation and it becomes effective on the

Effective Date.

8. I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any Released Claim or any other part or portion thereof.

9. I (We) hereby warrant and represent that I (we) have included information about all of my (our) transactions in BeautyHealth Securities that occurred during the Settlement Class Period as well as the number of BeautyHealth Common Stock shares held by me (us) at the close of trading on May 9, 2022, and the close of trading on February 9, 2024.

10. 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.

Note: If you have been notified by the Internal Revenue Service that you are subject to backup withholding, please strike out the language that you are not subject to backup withholding in the certification above.

I declare under penalty of perjury under the laws of the United States of America that the foregoing information is true and correct.

Executed this _____ day of _____, in _____,
(Month/Year) (City)

(State)

Signature of Claimant

Print Name of Claimant

Signature of Joint Claimant, if any

Print Name of Joint Claimant, if any

Capacity of person(s) signing (e.g., Beneficial Purchaser, Executor, or Administrator)

Reminder Checklist:

1. Please sign the above release and declaration.
2. If this Claim is being made on behalf of Joint Claimants, then both must sign.
3. Remember to attach copies of supporting documentation, if available.
4. Please do not highlight any portion of the Claim Form or any supporting documents.
5. Do not send originals of certificates.
6. Keep a copy of your Claim Form and all supporting documentation for your records.
7. The Claims Administrator will acknowledge receipt of your Claim Form by mail or email within 60 days. Your claim is not deemed filed until you receive an acknowledgement postcard or confirmation email. **If you do not receive an acknowledgement postcard or confirmation email within 60 days, please call the Claims Administrator toll free at (855) 905-5327.** If you move, please send your new address to the address below.

**THIS CLAIM FORM MUST BE SUBMITTED ONLINE AT
WWW.BEAUTYHEALTHSECURITIESLITIGATION.COM
NO LATER THAN JANUARY 19, 2027, OR, IF MAILED, BE
POSTMARKED OR RECEIVED NO LATER THAN JANUARY 19, 2027,
ADDRESSED AS FOLLOWS:**

BeautyHealth Securities Settlement
c/o Stretto
410 Exchange, Suite 100
Irvine, CA 92602