

NIZAR S. NAYANI, Individually and on Behalf of All Others  
Similarly Situated,

Plaintiff,

vs.

LIFESTANCE HEALTH GROUP, INC., MICHAEL K. LESTER,  
J. MICHAEL BRUFF, ROBERT BESSLER, DARREN BLACK,  
JEFFREY CRISAN, WILLIAM MILLER, JEFFREY RHODES,  
ERIC SHUEY, KATHERINE WOOD, MORGAN STANLEY &  
CO. LLC, GOLDMAN SACHS & CO. LLC, J.P. MORGAN  
SECURITIES LLC, JEFFERIES LLC, TPG CAPITAL BD, LLC,  
UBS SECURITIES LLC, and WILLIAM BLAIR & COMPANY,  
L.L.C.,

Defendants.

Civil Action No. 1:22-cv-06833-JSR

CLASS ACTION

PROOF OF CLAIM AND RELEASE FORM

## I. GENERAL INSTRUCTIONS

1. To recover as a member of the Class based on your claims in the action entitled *Nayani v. LifeStance Health Group, Inc., et al.*, Civil Action No. 1:22-cv-06833-JSR (S.D.N.Y.) (the “Action”),<sup>1</sup> you must complete and, on page 5 below, sign this Proof of Claim and Release Form (“Claim Form”). If you fail to submit a timely and properly addressed (as explained in paragraph 2 below) Claim Form, your claim may be rejected, and you may not receive any recovery from the Net Settlement Fund created in connection with the proposed Settlement. Submission of this Claim Form, however, does not assure that you will share in the proceeds of the Settlement of the Action.

**2. THIS CLAIM FORM MUST BE SUBMITTED ONLINE AT WWW.LIFESTANCESECURITIESSETTLEMENT.COM NO LATER THAN JANUARY 17, 2024, OR, IF MAILED, BE POSTMARKED NO LATER THAN JANUARY 17, 2024, ADDRESSED AS FOLLOWS:**

*LifeStance Securities Settlement*

c/o A.B. Data, Ltd.

P.O. Box 173090

Milwaukee, WI 53217

Online submissions: [www.LifeStanceSecuritiesSettlement.com](http://www.LifeStanceSecuritiesSettlement.com)

3. If you are a member of the Class and you do not timely request exclusion in response to the Notice dated October 25, 2023, you are bound by and subject to the terms of any judgment entered in the Action, including the releases provided therein, **WHETHER OR NOT YOU SUBMIT A CLAIM FORM OR RECEIVE A PAYMENT.**

## II. CLAIMANT IDENTIFICATION

1. If you purchased or otherwise acquired shares of LifeStance Health Group, Inc. (“LifeStance”) common stock during the period beginning June 10, 2021, through November 8, 2021, inclusive (the “Class Period”) and held the stock in your name, you are the beneficial owner as well as the record owner. If, however, you purchased LifeStance common stock during the Class Period through a third party, such as a brokerage firm, you are the beneficial owner, and the third party is the record owner.

<sup>1</sup> This Proof of Claim and Release Form incorporates by reference the definitions in the Stipulation of Settlement (“Stipulation”), which can be obtained at [www.LifeStanceSecuritiesSettlement.com](http://www.LifeStanceSecuritiesSettlement.com).

2. Use **Part I** of this form entitled “Claimant Identification” to identify each beneficial owner of LifeStance common stock that forms the basis of this claim, as well as the owner of record if different. **THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNERS OR THE LEGAL REPRESENTATIVE OF SUCH OWNERS.**

3. All joint owners must sign this claim. Executors, administrators, guardians, conservators, and trustees must complete and sign this claim on behalf of persons represented by them and their authority must accompany this claim and their titles or capacities must be stated. The last four digits of the Social Security (or full 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.

### **III. IDENTIFICATION OF TRANSACTIONS**

1. Use **Part II** of this form entitled “Schedule of Transactions in LifeStance Common Stock” 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 substantially the same form. Sign and print or type your name on each additional sheet.

2. On the schedules, provide all the requested information with respect to your holdings, purchases, and sales of LifeStance common stock, whether the transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim.

3. List each transaction 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. The date of covering a “short sale” is deemed to be the date of purchase of LifeStance common stock. The date of a “short sale” is deemed to be the date of sale.

5. Copies of broker confirmations or other documentation of your transactions must be attached to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.

### **THE PARTIES DO NOT HAVE INFORMATION ABOUT YOUR TRANSACTIONS IN LIFESTANCE COMMON STOCK.**

6. **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. (This is different than the online claim portal on the Settlement website.) All such claimants **MUST** submit a manually signed paper Claim Form whether or not they also submit electronic copies. If you wish to submit your claim electronically, you must contact the Claims Administrator at (877) 884-3360 or [info@lifestancecuritiessettlement.com](mailto:info@lifestancecuritiessettlement.com) to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues to the claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK  
*Nayani v. LifeStance Health Group, Inc., et al.*,  
Civil Action No. 1:22-cv-06833-JSR (S.D.N.Y.)

**PROOF OF CLAIM AND RELEASE**

**Must Be Postmarked (if Mailed) or Received (if Filed Electronically)**

**No Later Than: January 17, 2024**

PLEASE TYPE OR PRINT

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.

**PART I: CLAIMANT IDENTIFICATION**

Beneficial Owner's Name (First, Middle, Last)

Co-Beneficial Owner's Name (if different from beneficial owner listed above)

Entity Name (if claimant is not an individual)

Representative or Custodian Name (if different from Beneficial Owner(s) listed above)

Street Address

City	State/Province	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign Postal Code (if applicable)

Foreign Country (if applicable)

<input type="text"/>	<input type="text"/>
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Last four digits of Social Security Number or Taxpayer Identification Number

Telephone Number (Home)

Telephone Number (Work)

<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)

Account Number

**Type of Beneficial Owner:**

Specify one of the following:

- Individual (includes joint owner accounts)  Pension Plan  Trust  Corporation  
 Estate  IRA/401K  Other \_\_\_\_\_ (please specify)

**PART II: SCHEDULE OF TRANSACTIONS IN LIFESTANCE COMMON STOCK**

**1. PURCHASES DURING THE CLASS PERIOD** – Separately list each and every purchase of LifeStance common stock from after the opening of trading on June 10, 2021, through and including the close of trading on August 10, 2022. (Must submit documentation.)

Date of Purchase (List Chronologically) (MM/DD/YY)	Number of Shares Purchased	Purchase Price Per Share	Total Purchase Price (excluding taxes, commissions, and fees)
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**2. SALES DURING THE CLASS PERIOD** – Separately list each and every sale/disposition of common stock from after the opening of trading on June 10, 2021, through and including the close of trading on August 10, 2022. (Must submit documentation.)

Date of Sale (List Chronologically) (MM/DD/YY)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (excluding taxes, commissions and fees)
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**3. HOLDINGS ON DAY INITIAL COMPLAINT WAS FILED** – August 10, 2022. If none, write “0” or “zero.” (Must submit documentation.)

**IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY THIS PAGE AND CHECK THIS BOX**

**IV. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS**

1. By signing and submitting this Claim Form, the claimant(s) or the person(s) acting on behalf of the claimant(s) certify(ies) that: I (We) submit this Claim Form under the terms of the Plan of Allocation of Net Settlement Fund described in the accompanying Notice. I (We) also submit to the jurisdiction of the United States District Court for the Southern District of New York (the “Court”) with respect to my (our) claim as a Class Member(s) and for purposes of enforcing the releases set forth herein. I (We) further acknowledge that I (we) will be bound by and subject to the terms of any judgment entered in connection with the Settlement in the Action, including the releases set forth therein. I (We) agree to furnish additional information to the Claims Administrator to support this claim, such as additional documentation for transactions in eligible LifeStance common stock, if required to do so. I (We) have not submitted any other claim covering the same transactions in LifeStance common stock during the Class Period and know of no other person having done so on my (our) behalf.

**V. RELEASES, WARRANTIES, AND CERTIFICATION**

1. I (We) hereby warrant and represent that I am (we are) a Class Member as defined in the Notice, that I am (we are) not excluded from the Class, and that I am (we are) not one of the “Released Defendant Parties” as defined in the accompanying Notice.

2. As a Class Member, I (we) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever compromise, settle, release, resolve, relinquish, waive, and discharge with prejudice the Released Plaintiff’s Claims as to each and all of the Released Defendant Parties (as these terms are defined in the accompanying

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

3. 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.

4. I (We) hereby warrant and represent that I (we) have included information about all of my (our) purchases and sales of LifeStance common stock that occurred during the Class Period and the number of shares of common stock held by me (us) to the extent requested.

5. I (We) certify that I am (we are) NOT subject to backup tax withholding. (If you have been notified by the Internal Revenue Service that you are subject to backup withholding, please strike out the prior sentence.)

I (We) declare under penalty of perjury under the laws of the United States of America that all of the foregoing information supplied by the undersigned is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Type or print name of Claimant

\_\_\_\_\_  
Signature of Joint Claimant, if any

\_\_\_\_\_  
Type or print name of Joint Claimant

\_\_\_\_\_  
Signature of person signing on behalf  
of Claimant

\_\_\_\_\_  
Type or print name of person signing  
on behalf of Claimant

\_\_\_\_\_  
Capacity of person signing on behalf of Claimant, if other than an individual (e.g., Administrator, Executor, Trustee, President, Custodian, Power of Attorney, etc.)

### REMINDER CHECKLIST:

1. Please sign this Claim Form.
2. **Do not use red pen or highlighter** on the Claim Form or supporting documentation.
3. Attach only copies of supporting documentation as these documents will not be returned to you.
4. Keep a copy of your Claim Form for your records.
5. If you desire an acknowledgment of receipt of your Claim Form, please send it Certified Mail, Return Receipt Requested.
6. If you move after submitting this Claim Form please notify the Claims Administrator of the change in your address, otherwise you may not receive additional notices or payment.

**THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR MAILED NO LATER THAN  
JANUARY 17, 2024, ADDRESSED AS FOLLOWS:**

*LifeStance Securities Litigation*  
Claims Administrator  
c/o A.B. Data, Ltd.  
P.O. Box 173090  
Milwaukee, WI 53217

Online submissions: [www.LifeStanceSecuritiesSettlement.com](http://www.LifeStanceSecuritiesSettlement.com)