

PROOF OF CLAIM AND RELEASE FORM

COURT OF CHANCERY
STATE OF DELAWARE

Farzad v. HighCape Capital, LP, et al.

C.A. No. 2024-0524-LWW

Mail To: HighCape Stockholder Settlement
c/o JND Legal Administration
P.O. Box 91220
Seattle, WA 98111

Must Be Postmarked (if Mailed) or Received (if Submitted Online) No Later than:
May 7, 2026

CONTENTS

02	GENERAL INSTRUCTIONS
04	PART I. CLAIMANT IDENTIFICATION
05	PART II. SCHEDULE OF TRANSACTIONS IN HIGHCAPE CLASS A COMMON STOCK OR NEW QSI COMMON STOCK
06	PART III. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS
06	PART IV. RELEASE

GENERAL INSTRUCTIONS

1. To recover as a member of the Class based on your claims in the action entitled *Farzad v. HighCape Capital, LP, et al.*, C.A. No. 2024-0524-LWW (the “Action”), you must complete and, on page 6 hereof, sign this Proof of Claim and Release. If you fail to submit a timely and properly addressed (as set forth in paragraph 3 below) Proof of Claim and Release, 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.

2. Submission of this Proof of Claim and Release, however, does not assure that you will share in the proceeds of the Settlement of the Action.

3. THE COURT-APPOINTED SETTLEMENT ADMINISTRATOR FOR THIS ACTION MUST RECEIVE YOUR COMPLETED AND SIGNED PROOF OF CLAIM AND RELEASE, ACCOMPANIED BY COPIES OF THE DOCUMENTS REQUESTED HEREIN, AT THE FOLLOWING MAILING ADDRESS OR THROUGH THE FOLLOWING WEBSITE:

HighCape Stockholder Settlement
c/o JND Legal Administration
P.O. Box 91220, Seattle, WA 98111

info@HighCapeStockholderSettlement.com

Online Submissions: www.HighCapeStockholderSettlement.com

YOUR PROOF OF CLAIM AND RELEASE MUST BE SUBMITTED ONLINE OR RECEIVED BY MAIL NO LATER THAN MAY 7, 2026.¹

If you are NOT a member of the Class, as defined in the Notice of Pendency and Proposed Settlement of Stockholder Class Action, Settlement Hearing, and Right to Appear (the “Notice”), DO NOT submit a Proof of Claim and Release.

4. If you are a member of the Class, you will be bound by the terms of any judgment entered in the Action, including the releases provided therein, WHETHER OR NOT YOU SUBMIT A PROOF OF CLAIM AND RELEASE FORM.

CLAIMANT IDENTIFICATION

If you held shares of HighCape Capital Acquisition Corp. (“HighCape”) Class A Common Stock (“Class A Common Stock”) as of close of market on June 7, 2021, in your name, you are the beneficial holder as well as the record holder. If, however, you held shares of HighCape Class A Common Stock as of close of market on June 7, 2021, that was registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial holder and the third party is the record holder.

Use Part I of this form entitled “Claimant Identification” to identify each holder of record (“Nominee”), if different from the beneficial holder, of the shares of HighCape Class A Common Stock which form the basis of this claim. **THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL HOLDER OR THE LEGAL REPRESENTATIVE OF SUCH HOLDER OF THE SHARES UPON WHICH THIS CLAIM IS BASED.**

All joint holders 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 Number (or Taxpayer Identification Number) and telephone number of the beneficial holder may be used in verifying the

¹ Proofs of Claim and Release that are legibly postmarked no later than May 7, 2026 will be treated as received on the postmark date. ***Please be advised that the U.S. Postal Service may not postmark mail which is not presented in person.***

claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of the claim.

If you are acting in a representative capacity on behalf of a member of the Class (for example, as an executor, administrator, trustee, or other representative), you must submit evidence of your current authority to act on behalf of that Class Member. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents.

NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request to, or may be requested to, submit information regarding their transactions in electronic files. All such claimants **MUST** also submit a manually signed paper Proof of Claim and Release listing all of their transactions whether or not they also submit electronic copies. If you wish to submit your claim electronically, you must contact the Settlement Administrator at HCCSecurities@HighCapeStockholderSettlement.com to obtain the required file layout. 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 and the complete name of the beneficial holder(s) of the securities must be entered where called for. Distribution payments must be made by check or electronic payment payable to the Authorized Claimant (beneficial account holder). The third-party filer shall not be the payee of any distribution payment check or electronic distribution payment. No electronic files will be considered to have been properly submitted unless the Settlement Administrator issues to the claimant a written acknowledgement of receipt and acceptance of electronically submitted data.

CLAIM FORM

Use Part II of this form entitled "Schedule of Transactions in HighCape Class A Common Stock or New QSI Common Stock" to supply all required details of your holdings, purchase(s), and sale(s) of HighCape Class A Common Stock or common stock of Quantum-Si Incorporated ("New QSI"). 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.

On the schedule, provide all of the requested information with respect to: (i) **all** shares of HighCape Class A Common Stock held by you as of the close of trading on June 7, 2021; (ii) **all** of your purchases and sales (including any redemptions by HighCape) of shares of HighCape Class A Common Stock or common stock of New QSI after close of market on June 7, 2021, through May 16, 2024, regardless of whether such transactions resulted in a profit or a loss; and (iii) if applicable, **all** shares of New QSI common stock held by you as of the close of trading on May 16, 2024. Failure to report all such transactions may result in the rejection of your claim.

List these transactions separately and in chronological order, (i) number of shares of HighCape Class A Common Stock held as of the close of trading on June 7, 2021, (ii) then purchase and sale date for all shares of HighCape Class A Common Stock or common stock of New QSI after close of market on June 7, 2021, through May 16, 2024, beginning with the earliest, (iii) then, if applicable, number of shares of common stock of New QSI held as of the close of trading on May 16, 2024. You must accurately provide the month, day, and year of each transaction you list.

Copies of stockbroker confirmation slips, stockbroker statements, or other documents evidencing: (i) your holdings of HighCape Class A Common Stock as of June 7, 2021; (ii) your subsequent purchases and sales of HighCape Class A Common Stock or common stock of New QSI after close of market on June 7, 2021, through May 16, 2024; and (iii) your holdings of common stock of New QSI as of the close of trading on May 16, 2024, should be attached to your claim. If any such documents are not in your possession, please obtain a copy or equivalent documents from your broker because these documents are necessary to prove and process your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.

PLEASE NOTE: As set forth in the Plan of Allocation, each Authorized Claimant shall receive his, her, its, or their *pro rata* share of the Net Settlement Fund. If the prorated payment to any Authorized Claimant calculates to less than \$10.00, it will not be included in the calculation and no distribution will be made to that Authorized Claimant.

PART I – CLAIMANT IDENTIFICATION

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

First Name (Co-Beneficial Owner)	MI	Last Name (Co-Beneficial Owner)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Company Name (Beneficial Owner – If Claimant is not an Individual) or Custodian Name if an IRA

Trustee/Asset Manager/Nominee/Record Owner's Name (If Different from Beneficial Owner Listed Above)

Social Security Number (Last 4 digits)	OR	Taxpayer Identification Number (Last 4 digits)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Telephone Number (Primary Daytime)	Telephone Number (Alternate)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> – <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> – <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Email Address

Street Address 1

Street Address 2

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation
<input type="text"/>	<input type="text"/>	<input type="text"/>

Account #/Fund # (Not Necessary for Individual Filers)

☐ Individual (includes joint owner accounts) ☐ Corporation ☐ Pension Plan ☐ IRA/401k

☐ Estate ☐ Trust ☐ Other (please specify): _____

PART II – SCHEDULE OF TRANSACTIONS IN HIGHCAPE CLASS A COMMON STOCK OR NEW QSI COMMON STOCK

1. NUMBER OF ELIGIBLE SHARES – State the total number of shares of HighCape Class A Common Stock held as of the close of trading on June 7, 2021. (Must be documented.) If none, write “zero” or “0.” Additionally, if any shares were redeemed, please place those shares in the second box below. (<i>Redeemed Shares are not eligible but needed for balancing purposes only</i>).				Confirm Proof of Position Enclosed <input type="checkbox"/>
Eligible Shares: <input style="width: 150px; height: 25px;" type="text"/>		Redeemed Shares: <input style="width: 150px; height: 25px;" type="text"/>		
2. PURCHASES/ACQUISITIONS AFTER close of market on June 7, 2021, THROUGH May 16, 2024 – Separately list each and every purchase or acquisition (including free receipts) of HighCape Class A Common Stock or New QSI common stock after the close of the market on June 7, 2021, through the close of trading on May 16, 2024. (Must be documented.)				
Date of Purchase/ Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased/Acquired	Purchase/Acquisition Price Per Share	Total Purchase/Acquisition Price (excluding any taxes, commissions, and fees)	Confirm Proof of Purchase Enclosed
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
3. SALES AFTER the close of the market on June 7, 2021, THROUGH May 16, 2024 – Separately list each and every sale or disposition (including free deliveries) of HighCape Class A Common Stock or New QSI common stock after the close of the market on June 7, 2021, through the close of trading on May 16, 2024. (Must be documented.)				IF NONE, CHECK HERE <input type="checkbox"/>
Date of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (not deducting any taxes, commissions, and fees)	Confirm Proof of Sale Enclosed
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
4. HOLDINGS AS OF THE CLOSE OF TRADING ON MAY 16, 2024 – State the total number of shares of New QSI common stock held as of the close of trading on May 16, 2024. (Must be documented.) If none, write “zero” or “0.” <input style="width: 200px; height: 25px;" type="text"/>				Confirm Proof of Position Enclosed <input type="checkbox"/>
IF YOU REQUIRE ADDITIONAL SPACE FOR THE SCHEDULE ABOVE, ATTACH EXTRA SCHEDULES IN THE SAME FORMAT. PRINT THE BENEFICIAL OWNER’S FULL NAME AND LAST FOUR DIGITS OF SOCIAL SECURITY/TAXPAYER IDENTIFICATION NUMBER ON EACH ADDITIONAL PAGE. IF YOU DO ATTACH EXTRA SCHEDULES, CHECK THIS BOX. <input type="checkbox"/>				

**YOUR SIGNATURE ON PAGE 6 WILL CONSTITUTE
YOUR ACKNOWLEDGMENT OF THE RELEASE**

III. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

I (We) submit this Proof of Claim and Release under the terms of the Stipulation described in the Notice. I (We) also submit to the jurisdiction of the Court of Chancery for the State of Delaware with respect to my (our) claim as a Class Member 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 the Settlement Administrator to support this claim if requested to do so. I (We) have not submitted any other claim in connection with the Action and know of no other person having done so on my (our) behalf.

IV. RELEASE

1. I (We) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally and forever settle, release, and discharge from the Released Plaintiff's Claims each and all of the Released Defendant Parties as provided and defined in the Stipulation.

2. This release shall be of no force or effect unless and until the Court approves the Stipulation and the Settlement 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 reviewed the definition of Excluded Persons, which includes HighCape Capital, LP, HighCape Capital Acquisition LLC, Kevin Rakin, Matt Zuga, David Colpman, Robert Taub, Antony Loebel, Jonathan M. Rothberg, and Foresite Capital Management, LLC, and that I (we) are not members of their immediate families, or any entity in which any of them has a controlling interest, or the heirs, successors, or assignees of any Excluded Person.

5. I (We) hereby warrant and represent that I (we) have included information about all of my (our) holdings of HighCape Class A Common Stock as of June 7, 2021. In addition, I (we) have included information about all of my (our) purchases and sales of shares of HighCape Class A Common Stock or common stock of New QSI from June 7, 2021, through May 16, 2024 and, if applicable, the total number of shares of common stock of New QSI held as of the close of trading on May 16, 2024.

6. I declare under penalty of perjury under the laws of the State of Delaware that the foregoing information supplied by the undersigned is true and correct.

Executed this _____ day of _____
(Month/Year)

in _____
(City) (State/Country)

(Sign your name here)

(Type or print your name here)

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

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

REMINDER CHECKLIST



1. Please sign the above release and acknowledgement.

2. Remember to attach copies of supporting documentation.



3. **Do not send** originals of certificates or other documentation as they will not be returned.



4. Keep a copy of your Proof of Claim and Release and all supporting documentation for your records.

5. If you desire an acknowledgment of receipt of your Proof of Claim and Release, please send it Certified Mail, Return Receipt Requested.



6. If you move after submitting this Proof of Claim and Release, please notify the Settlement Administrator of the change in your address, otherwise you may not receive additional notices or payment.

7. Do not use red pen or highlighter on the Proof of Claim and Release or supporting documentation. You must use black or blue ink or your claim may be deemed deficient.

