

Owlet Securities Litigation Settlements
c/o Strategic Claims Services
P.O. Box 230
600 N. Jackson Street, Suite 205
Media, PA 19063
Toll-Free Number: 1-866-274-4004
Email: info@strategicclaims.net
Website: www.strategicclaims.net/owlet

PROOF OF CLAIM AND RELEASE FORM

In order to be potentially eligible to receive a share of the net settlement proceeds in connection with *one or both* of the proposed settlements ("Settlements") reached in the class action lawsuit *Michael J. Butala v. Owlet, Inc., et al.*, No. 2:21-cv-09016-FLA (SSCx) (C.D. Cal.) ("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, or submit it online via the website, www.strategicclaims.net/owlet, **postmarked (or received) no later than December 12, 2025 for the Section 14(a) Class Settlement OR postmarked (or received) no later than January 17, 2026 for the Section 10(b) Class Settlement. Please submit only ONE Claim Form. Your Claim Form will be processed in connection with both Settlements.**

Failure to submit your Claim Form by the applicable date above will subject your claim to rejection and may preclude you from being eligible to recover any money in connection with the Settlements.

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, or online at www.strategicclaims.net/owlet.

<u>TABLE OF CONTENTS</u>	<u>PAGE #</u>
PART I – GENERAL INSTRUCTIONS	1
PART II – CLAIMANT INFORMATION	4
PART III – SCHEDULE OF TRANSACTIONS IN OWLET, INC. COMMON STOCK	5
PART IV – SCHEDULE OF TRANSACTIONS IN OWLET, INC. WARRANTS	6
PART V – SANDBRIDGE COMMON STOCK HOLDINGS ON JUNE 1, 2021 AND JULY 14, 2021	7
PART VI - RELEASE OF CLAIMS AND SIGNATURE	7

PART I – GENERAL INSTRUCTIONS

It is important that you completely read and understand both: (i) the Notice of (I) Pendency of Class Action and Proposed 10(b) Class Settlement; (II) Settlement Hearing; and (III) Motion for Attorneys' Fees and Litigation Expenses ("10(b) Class Notice"); and (ii) the Notice of (I) Pendency of Class Action and Proposed Section 14(a) Class Settlement; (II) Settlement Hearing; and (III) Motion for Attorneys' Fees and Litigation Expenses ("14(a) Class Notice" and, together with the 10(b) Class Notice, the "Notices"), including the proposed plans of allocation set forth in each. Both Notices are available for review and download on the website www.strategicclaims.net/owlet. Each Notice describes the respective proposed Settlement, how members of the Settlement Class are affected by the Settlement, and the manner in which the net settlement proceeds for the respective Settlement will be distributed if the Settlement and proposed plan of allocation receive final court approval. By signing and submitting this Claim Form, you will be certifying that you have read and that you understand the Notices, including the terms of the releases described therein and provided for herein.

1. This Claim Form is directed to the following two classes:

- **Section 10(b) Settlement Class:** All persons and entities who purchased or otherwise acquired securities of Owlet, Inc. ("Owlet") (i.e., common stock and/or warrants) between March 31, 2021 and October 4, 2021, both dates inclusive, and who were damaged thereby.
- **Section 14(a) Settlement Class:** All persons and entities that held Sandbridge Acquisition Company ("Sandbridge") common stock as of June 1, 2021 and were eligible to vote at Sandbridge's special meeting on July 14, 2021.

Together, the Section 10(b) Settlement Class and the Section 14(a) Settlement Class are referred to herein as the "Settlement Classes." Certain persons and entities are excluded from the Settlement Classes by definition as set forth in ¶ 21 of the 10(b) Class Notice and ¶ 6 of the 14(a) Class Notice.

2. By submitting this Claim Form, you are making a request to share in the proceeds of the Settlements described in the Notices. **IF YOU ARE NOT A MEMBER OF THE SETTLEMENT CLASSES, OR IF YOU SUBMITTED A REQUEST FOR EXCLUSION FROM THE SETTLEMENT CLASS(ES), DO NOT SUBMIT A CLAIM FORM AS YOU**

MAY NOT, DIRECTLY OR INDIRECTLY, PARTICIPATE IN THE SETTLEMENTS. THUS, IF YOU EXCLUDED YOURSELF FROM THE SETTLEMENT CLASS(ES), ANY CLAIM FORM THAT YOU SUBMIT, OR THAT MAY BE SUBMITTED ON YOUR BEHALF, WILL NOT BE ACCEPTED. **Please Note:** If you are a member of both Settlement Classes and request exclusion only from the Section 10(b) Settlement Class, you are only eligible to receive a payment from the 14(a) Class Settlement and your Claim Form will only be processed in accordance with the plan of allocation for the 14(a) Class Settlement. Likewise, if you are a member of both Settlement Classes and request exclusion only from the Section 14(a) Settlement Class, you are only eligible to receive a payment from the 10(b) Class Settlement and your Claim Form will only be processed in accordance with the plan of allocation for the 10(b) Class Settlement.

3. Submission of this Claim Form does not guarantee that you will share in the proceeds of the Settlements. The distribution of the net settlement proceeds will be governed by the proposed Plans of Allocation for the Settlements as set forth in the Notices, if they are approved by the Court, or by such other plans of allocation as the Court approves.

4. Use the Schedules of Transactions in Parts III through V of this Claim Form to supply all required details of your transaction(s) (including free transfers and deliveries) in and holdings of Owlet common stock, Owlet warrants, and Sandbridge common stock. On these schedules, please provide all of the requested information with respect to your holdings, purchases, acquisitions, and sales of the eligible securities, whether such transactions/holdings resulted in a profit or a loss. **Failure to report all transaction and holding information during the requested time periods may result in the rejection of your Claim.**

5. **Please note: For Owlet Common Stock (10(b) Class Settlement):** Only Owlet common stock purchased or otherwise acquired between March 31, 2021 and October 4, 2021, inclusive, is potentially eligible under the 10(b) Class Settlement. However, with respect to the plan of allocation for the 10(b) Class Settlement, pursuant to the “90-Day Look-Back Period” (described in the 10(b) Class Notice), your sales of Owlet common stock during the period from October 4, 2021 through and including the close of trading on December 31, 2021 will be used for purposes of calculating loss amounts for the 10(b) Class Settlement. Therefore, in order for the Claims Administrator to be able to balance your Claim, the requested purchase information during the 90-Day Look-Back Period must also be provided. **Failure to report all transaction and holding information during the requested time periods may result in the rejection of your Claim.**

6. You are required to submit genuine and sufficient documentation for all of your transactions in and holdings of the eligible securities set forth in the Schedules of Transactions in Parts III through V 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 Parties and the Claims Administrator do not independently have information about your investments in the eligible securities. 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.**

7. All joint beneficial owners each must sign this Claim Form, and their names must appear as “Claimants” in Part II of this Claim Form. The complete name(s) of the beneficial owner(s) must be entered. If you purchased or otherwise acquired the eligible securities during the relevant time periods and/or held the securities in your name, you are the beneficial owner as well as the record owner. If you purchased, otherwise acquired, or held the eligible securities during the relevant time periods 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.

8. **One Claim Form 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/holdings of just one of the joint owners, and an individual should not combine his or her IRA transactions/holdings with transactions/holdings made/held solely in the individual’s name). Conversely, a single Claim Form should be submitted on behalf of one legal entity including all transactions/holdings made/held 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/holdings made/held in all accounts on one Claim Form).

9. 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 Social Security Number (or Taxpayer Identification Number), address, and telephone number of the beneficial owner of the eligible securities (or other person or entity on whose behalf they are acting with respect to); 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.)

10. If the Court approves the Settlements, payments to eligible Authorized Claimants pursuant to the proposed Plans of Allocation set forth in the Notices (or such other plans of allocation as the Court may approve) 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.

11. **PLEASE NOTE:** As set forth in the Plans of Allocation, each Authorized Claimant shall receive his, her, or its *pro rata* share of the net settlement proceeds. Specifically, payment amounts will be calculated for each Authorized Claimant, which will be: (1) the Authorized Claimant's Recognized Claim (calculated pursuant to the Plan of Allocation for the 10(b) Class Settlement) divided by the total Recognized Claims of all Authorized Claimants (calculated pursuant to the Plan of Allocation for the 10(b) Class Settlement), multiplied by the total amount in the net settlement fund for the 10(b) Class Settlement, *plus* (2) the Authorized Claimant's Recognized Loss, if any, calculated pursuant to the Plan of Allocation for the 14(a) Class Settlement divided by the total Recognized Losses of all Authorized Claimants calculated pursuant to the Plan of Allocation for the 14(a) Class Settlement, multiplied by the total amount in the net settlement fund for the 14(a) Class Settlement. If the prorated payment amount 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. However, in the event that your payment amount falls below the \$10.00 de minimis payment amount in the 10(b) Class Settlement but you are entitled to a payment in the 14(a) Class Settlement that when combined with your 10(b) Class Settlement Distribution Amount brings you above the \$10.00 de minimis payment amount, or vice versa, you will receive a payment.

12. If you have questions concerning the Claim Form, or need additional copies of the Claim Form or copies of the Notices, you may contact the Claims Administrator, Strategic Claims Services, at the above address, by email at info@strategicclaims.net, or by toll-free phone at 1-866-274-4004, or you can visit the website maintained by the Claims Administrator, www.strategicclaims.net/owlet, where copies of the Claim Form and Notices are available for downloading.

13. **NOTICE REGARDING INSTITUTIONAL FILERS:** Certain filers submitting claims on behalf of other beneficial owners ("Representative Filers") 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 website for the Settlements.) All such Representative Filers **MUST** also submit a manually signed paper Claim Form, whether or not they also submit electronic copies. Claims should be combined on a legal entity basis, where applicable. Sub-accounts should be rolled up into a parent account if the sub-accounts contain the same tax identification number. To obtain the **mandatory** electronic filing requirements and file layout, you may visit the Claims Administrator's website at www.strategicclaims.net/owlet or you may email the Claims Administrator's electronic filing department at efile@strategicclaims.net. **Any file not in accordance with the required electronic filing format will be subject to rejection.** Only one Claim Form should be submitted for each separate legal entity (*see* ¶ 8 above) and the **complete** name of the beneficial owner(s) of the securities must be entered where called for (*see* ¶ 7 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. If you do not receive such an email within 10 days of your submission, you should contact the electronic filing department at efile@strategicclaims.net to inquire about your file and confirm it was received.**

14. **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.strategicclaims.net/owlet. 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 e-mail 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@strategicclaims.net or 1-866-274-4004. 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.

IMPORTANT PLEASE NOTE:

YOUR CLAIM IS NOT DEEMED FILED UNTIL YOU RECEIVE AN ACKNOWLEDGEMENT POSTCARD. THE CLAIMS ADMINISTRATOR WILL ACKNOWLEDGE RECEIPT OF YOUR CLAIM BY MAIL WITHIN 60 DAYS. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT POSTCARD WITHIN 60 DAYS, CALL THE CLAIMS ADMINISTRATOR TOLL FREE AT 1-866-274-4004.

PART II – CLAIMANT INFORMATION

Please complete this PART II in its entirety. 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.

Beneficial Owner's Name

Co-Beneficial Owner's Name

Entity Name (if Beneficial Owner is not an individual)

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

Address 1 (street name and number)

Address 2 (apartment, unit or box number)

City

State

Zip Code

----------------------	----------------------	----------------------

Country

Last four digits of Social Security Number or Taxpayer Identification Number

Telephone Number (home)

Telephone Number (work)

----------------------	----------------------

E-mail address (E-mail 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 (where securities were traded)¹

Claimant Account Type (check appropriate box)

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

¹ If the account number is unknown, you may leave blank. If filing for more than one account for the same legal entity you may write "multiple." Please see ¶ 8 of the General Instructions above for more information on when to file separate Claim Forms for multiple accounts.

PART III – SCHEDULE OF TRANSACTIONS IN OWLET, INC. COMMON STOCK

Complete this Part III if and only if you purchased or otherwise acquired Owlet common stock between March 31, 2021 and October 4, 2021, both dates inclusive. Please be sure to include proper documentation with your Claim Form as described in detail in Part I – General Instructions, ¶ 6, above. Do not include information regarding securities other than Owlet common stock in this Schedule.

1. HOLDINGS AS OF MARCH 31, 2021 – State the total number of shares of Owlet common stock held as of the opening of trading on March 31, 2021. (Must be documented.) If none, write “zero” or “0.” _____				Confirm Proof of Holding Position Enclosed ☐
2. PURCHASES/ACQUISITIONS BETWEEN MARCH 31, 2021 AND OCTOBER 4, 2021, INCLUSIVE – Separately list each and every purchase/acquisition (including free receipts) of Owlet common stock from after the opening of trading on March 31, 2021 through and including the close of trading on October 4, 2021. (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 fees, taxes, and commissions)	Confirm Proof of Purchases/ Acquisitions Enclosed
/ /		\$	\$	☐
/ /		\$	\$	☐
/ /		\$	\$	☐
/ /		\$	\$	☐
/ /		\$	\$	☐
3. PURCHASES/ACQUISITIONS BETWEEN OCTOBER 5, 2021 AND DECEMBER 31, 2021, INCLUSIVE – State the total number of shares of Owlet common stock purchased/ acquired (including free receipts) from after the opening of trading on October 5, 2021 through and including the close of trading on December 31, 2021. (Must be documented.) If none, write “zero” or “0.” ² _____				
4. SALES BETWEEN MARCH 31, 2021 AND DECEMBER 31, 2021, INCLUSIVE – Separately list each and every sale/disposition (including free deliveries) of Owlet common stock from after the opening of trading on March 31, 2021 through and including the close of trading on December 31, 2021. (Must be documented.)				IF NONE, CHECK HERE ☐
Date of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (excluding fees, taxes, and commissions)	Confirm Proof of Sales Enclosed
/ /		\$	\$	☐
/ /		\$	\$	☐
/ /		\$	\$	☐
/ /		\$	\$	☐
/ /		\$	\$	☐
5. HOLDINGS AS OF DECEMBER 31, 2021 – State the total number of shares of Owlet common stock held as of the close of trading on December 31, 2021. (Must be documented.) If none, write “zero” or “0.” _____				Confirm Proof of Holding Position Enclosed ☐
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 THE SOCIAL SECURITY/TAXPAYER IDENTIFICATION NUMBER ON EACH ADDITIONAL PAGE. IF YOU DO ATTACH EXTRA SCHEDULES, CHECK THIS BOX □				

² **Please note:** Information requested with respect to your purchases/acquisitions of Owlet common stock from after the opening of trading on October 5, 2021 through and including the close of trading on December 31, 2021 is needed in order to perform the necessary calculations for your Claim; purchases/acquisitions during this period, however, are not eligible transactions and will not be used for purposes of calculating losses for the 10(b) Class Settlement.

PART IV – SCHEDULE OF TRANSACTIONS IN OWLET, INC. WARRANTS

Complete this Part IV if and only if you purchased or otherwise acquired Owlet warrants between March 31, 2021 and October 4, 2021, both dates inclusive. Please be sure to include proper documentation with your Claim Form as described in detail in Part I – General Instructions, ¶ 6, above. Do not include information regarding securities other than Owlet warrants in this Schedule.

1. HOLDINGS AS OF MARCH 31, 2021 – State the total number of Owlet warrants held as of the opening of trading on March 31, 2021. (Must be documented.) If none, write “zero” or “0.” _____				Confirm Proof of Holding Position Enclosed ☐
2. PURCHASES/ACQUISITIONS BETWEEN MARCH 31, 2021 AND OCTOBER 4, 2021, INCLUSIVE – Separately list each and every purchase/acquisition of Owlet warrants from after the opening of trading on March 31, 2021 through and including the close of trading on October 4, 2021. (Must be documented.)				
Date of Purchase/ Acquisition (List Chronologically) (Month/Day/Year)	Number of Warrants Purchased/ Acquired	Purchase/Acquisition Price Per Warrant	Total Purchase/ Acquisition Price (excluding fees, taxes, and commissions)	Confirm Proof of Purchases/ Acquisitions Enclosed
/ /		\$	\$	☐
/ /		\$	\$	☐
/ /		\$	\$	☐
/ /		\$	\$	☐
/ /		\$	\$	☐
3. PURCHASES/ACQUISITIONS BETWEEN OCTOBER 5, 2021 AND DECEMBER 31, 2021, INCLUSIVE – State the total number of Owlet warrants purchased/acquired (including free receipts) from after the opening of trading on October 5, 2021 through and including the close of trading on December 31, 2021. (Must be documented.) If none, write “zero” or “0.” ³ _____				
4. SALES BETWEEN MARCH 31, 2021 AND DECEMBER 31, 2021, INCLUSIVE – Separately list each and every sale of Owlet warrants from after the opening of trading on March 31, 2021 through and including the close of trading on December 31, 2021. (Must be documented.)				IF NONE, CHECK HERE ☐
Date of Sale (List Chronologically) (Month/Day/Year)	Number of Warrants Sold	Sale Price Per Warrant	Total Sale Price (excluding fees, taxes, and commissions)	Confirm Proof of Sales Enclosed
/ /		\$	\$	☐
/ /		\$	\$	☐
/ /		\$	\$	☐
/ /		\$	\$	☐
/ /		\$	\$	☐
5. HOLDINGS AS OF DECEMBER 31, 2021 – State the total number of Owlet warrants held as of the close of trading on December 31, 2021. (Must be documented.) If none, write “zero” or “0.” _____				Confirm Proof of Holding Position Enclosed ☐
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 THE SOCIAL SECURITY/TAXPAYER IDENTIFICATION NUMBER ON EACH ADDITIONAL PAGE. IF YOU DO ATTACH EXTRA SCHEDULES, CHECK THIS BOX ☐				

³ **Please note:** Information requested with respect to your purchases/acquisitions of Owlet warrants from after the opening of trading on October 5, 2021 through and including the close of trading on December 31, 2021 is needed in order to perform the necessary calculations for your Claim; purchases/acquisitions during this period, however, are not eligible transactions and will not be used for purposes of calculating losses for the 10(b) Class Settlement.

PART V – SANDBRIDGE COMMON STOCK HOLDINGS
ON JUNE 1, 2021 AND JULY 14, 2021

Please be sure to include proper documentation with your Claim Form as described in detail in ¶ 6 of the General Instructions. Do not include information in this section regarding securities other than Sandbridge common stock.

- A. Number of shares of Sandbridge common stock held at the close of trading on June 1, 2021. (Must be documented.) If none, write “zero”: _____

Proof enclosed? ____ yes ____ no

- B. Were you *eligible* to vote at Sandbridge’s July 14, 2021 special meeting? (Must be documented.) Write “yes” or “no”: _____.

Proof enclosed? ____ yes ____ no

- C. Number of shares of Sandbridge common stock held at the close of trading on October 4, 2021 that were *not* redeemed. (Must be documented.) If none, write “zero”: _____

Proof enclosed? ____ yes ____ no

PART VI - RELEASE OF CLAIMS AND SIGNATURE

YOU MUST ALSO READ THE RELEASES AND CERTIFICATION BELOW AND SIGN ON PAGE 8 OF THIS CLAIM FORM.

SETTLEMENT RELEASE FOR 10(b) CLASS SETTLEMENT: I (we) hereby acknowledge that, pursuant to the terms more fully set forth in the Stipulation and Agreement of Settlement for the Section 10(b) Class dated January 31, 2025, without further action by anyone, upon the Effective Date of the Settlement, I (we), on behalf of myself (ourselves) and my (our) heirs, executors, administrators, predecessors, successors, assigns, representatives, attorneys, and agents, in their capacities as such, shall be deemed to have, and by operation of law and of the judgment shall have, fully, finally, and forever compromised, settled, released, resolved, relinquished, waived, and discharged each and every Released Plaintiff’s Claim against Defendants and the other Defendants’ Releasees, and shall forever be barred and enjoined from prosecuting any or all of the Released Plaintiff’s Claims directly or indirectly against any of the Defendants’ Releasees (to the extent I have not validly excluded myself from the Section 10(b) Settlement Class).

SETTLEMENT RELEASE FOR 14(a) CLASS SETTLEMENT: I (we) hereby acknowledge that, pursuant to the terms more fully set forth in the Stipulation of Settlement for the Section 14(a) Class dated January 31, 2025, without further action by anyone, upon the Effective Date, I (we), on behalf of myself (ourselves) and my (our) heirs, executors, administrators, predecessors, successors, assigns, representatives, attorneys, and agents, in their capacities as such, shall be deemed to have, and by operation of the Judgment have, fully, finally, and forever released, relinquished and discharged all Released Plaintiffs’ Claims against Defendants, and each of them, and any and all of Defendants’ Released Parties (to the extent I have not validly excluded myself from the Section 14(a) Settlement Class).

CERTIFICATION

By signing and submitting this Claim Form, the claimant(s) or the person(s) who represent(s) the claimant(s) agree(s) to the releases above and certifies (certify) as follows:

1. that I (we) have read and understand the contents of the Notices, the Settlement Stipulations, and this Claim Form, including the releases provided for in the Settlement Stipulations and the terms of their respective Plans of Allocation;
2. that the claimant(s) is a (are) member(s) of the Section 10(b) Settlement Class and/or the Section 14(a) Settlement Class, as defined in the respective Notices, and is (are) not excluded by definition from one or both of the Settlement Classes as set forth in the Notices;
3. that the claimant(s) has (have) **not** submitted a request for exclusion from both Settlement Classes;
4. that I (we) own(ed) the eligible securities identified in the Claim Form and have not assigned the claim against Defendants or any of the other released parties to another, or that, in signing and submitting this Claim Form, I (we) have the authority to act on behalf of the owner(s) thereof;
5. that the claimant(s) has (have) not submitted any other Claim Form covering the same purchases/acquisitions/holdings of the eligible securities and knows (know) of no other person having done so on the claimant’s (claimants’) behalf;

6. that the claimant(s) submit(s) to the jurisdiction of the Court with respect to claimant's (claimants') Claim Form and for purposes of enforcing the releases set forth herein;

7. that I (we) agree to furnish such additional information with respect to this Claim Form as counsel, the Claims Administrator, or the Court may require;

8. that the claimant(s) waive(s) the right to trial by jury, to the extent it exists, agree(s) to the determination by the Court of the validity or amount of this Claim Form and waives any right of appeal or review with respect to such determination;

9. that I (we) acknowledge that the claimant(s) will be bound by and subject to the terms of any judgments that may be entered in the Action; and

10. that the claimant(s) is (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/they is (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/they is (are) no longer subject to backup withholding. **If the IRS has notified the claimant(s) that he/she/it/they is (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 claimant name here

Signature of joint claimant, if any

Date

Print joint claimant 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 name of person signing on behalf of claimant 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* ¶ 9 on page 2 of this Claim Form.)

REMINDER CHECKLIST

1. Sign the above releases and certification. If this Claim Form is being made on behalf of joint claimants, then both must sign.
2. Attach only **copies** of acceptable supporting documentation as these documents will not be returned to you.
3. Do not highlight any portion of the Claim Form or any supporting documents.
4. Keep copies of the completed Claim Form and any supporting documentation for your own records.
5. The Claims Administrator will acknowledge receipt of your Claim Form by mail within 60 days. Your Claim is not deemed filed until you receive an acknowledgement postcard. **If you do not receive an acknowledgement postcard within 60 days, please call the Claims Administrator toll-free at 1-866-274-4004.**
6. If your address changes in the future, you must send the Claims Administrator written notification of your new address. If you change your name, inform the Claims Administrator.
7. If you have any questions or concerns regarding your Claim Form, please contact the Claims Administrator at the address below, by email at info@strategicclaims.net, or by toll-free phone at 1-866-274-4004 or you may visit www.strategicclaims.net/owlet. DO NOT call the Court, Defendants, or Defendants' Counsel with questions regarding your Claim.

Owlet Securities Litigation Settlements
c/o Strategic Claims Services
600 N. Jackson Street, Suite 205
Media, PA 19063

IMPORTANT LEGAL NOTICE – PLEASE FORWARD

THIS CLAIM FORM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR BY FIRST-CLASS MAIL, OR SUBMITTED ONLINE VIA THE WEBSITE WWW.STRATEGICCLAIMS.NET/OWLET, **POSTMARKED (OR RECEIVED) NO LATER THAN DECEMBER 12, 2025 FOR THE SECTION 14(a) CLASS SETTLEMENT OR JANUARY 17, 2026 FOR THE SECTION 10(b) CLASS SETTLEMENT**. IF MAILED, THE CLAIM FORM SHOULD BE ADDRESSED AS FOLLOWS:

Owlet Securities Litigation Settlements
c/o Strategic Claims Services
P.O. Box 230
600 N. Jackson Street, Suite 205
Media, PA 19063

If mailed, 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 12, 2025 for the Section 14(a) Class Settlement or on or before January 17, 2026 for the Section 10(b) Class Settlement, 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.

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.