**IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE**

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|---|---|---|
| PAUL BERGER REVOCABLE TRUST<br><br>*Plaintiff*,<br><br>v.<br><br>FALCON EQUITY INVESTORS LLC, EAGLE FALCON JV CO LLC, ALAN G. MNUCHIN, JEFF SAGANSKY, EDGAR BRONFMAN, JR., KAREN FINERMAN, MICHAEL RONEN, AND SAIF RAHMAN,<br><br>*Defendants*. | : | C.A. No. 2023-0820-JTL |

**PROOF OF CLAIM AND RELEASE**

# PROOF OF CLAIM AND RELEASE

## I. GENERAL INSTRUCTIONS

1. To maximize your recovery as a member of the Class based on your claims in the action entitled *Paul Berger Revocable Trust v. Falcon Equity Investors LLC, et al.*, C.A. No. 2023-0820-JTL (the "Action") you must complete and, on page 9 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:

*Sharecare Stockholder Settlement*
c/o A.B. Data Ltd.
P.O. Box 170995
Milwaukee, WI 53217

Online submissions: www.SharecareStockholderSettlement.com

YOUR PROOF OF CLAIM AND RELEASE MUST BE SUBMITTED ONLINE OR RECEIVED BY MAIL **NO LATER THAN MARCH 10, 2025**.[1]

If you are NOT a member of the Class, as defined in the Notice of: (i) Settlement and Plan of Allocation; and (ii) an Award of Attorneys' Fees and Expenses (the "Notice"), DO NOT submit a Proof of Claim and Release.

[1] Proofs of Claim and Release that are legibly postmarked no later than March 10, 2025, 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***.

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.

## II. CLAIMANT IDENTIFICATION

If you held Eligible Shares in your name, you are the beneficial holder as well as the record holder. If, however, you held Eligible Shares that were 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.

Eligible Shares include Non-Redeemed Shares, Traceable Shares, and Non-Traceable Shares. Non-Redeemed Shares include those shares of FCAC Class A Common Stock owned by Class Members immediately after the Redemption Deadline that were not submitted for redemption in connection with the Merger. Traceable Shares include those shares of FCAC Class A common stock acquired by a Class Member after the Redemption Deadline, as to which documentary evidence can be produced demonstrating that such share is traceable to a Non-Redeemed Share, that was held as of the close of the market on October 21, 2024. Non-Traceable Shares include those shares of FCAC Class A common stock acquired on a public market by any stockholder after the Redemption Deadline, as to which documentary evidence cannot be produced demonstrating that such share is traceable to a Non-Redeemed Share, that was held as of the close of the market on October 21, 2024.

Use Part I of this form entitled "Claimant Identification" to identify each holder of record ("nominee"), if different from the beneficial holder of the Eligible Shares 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 full and complete 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.

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 form listing all 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 info@SharecareStockholderSettlement.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 holders(s) of the securities must be entered when called for. Distribution payment 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.

## III. CLAIM FORM

Use Part II of this form entitled "Schedule of Transactions in shares of Falcon Capital Acquisition Corp. ("FCAC") Class A Common Stock or Sharecare Common Stock" to supply all required details of your holdings, purchase(s), and sale(s) of FCAC Class A Common Stock or Sharecare Common Stock. 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 schedules, provide all of the requested information with respect to: (i) *all* of the shares of FCAC Class A Common Stock held by you as of the close of the market on June 25, 2021; (ii) *all* of your purchases and sales (including any redemptions by FCAC or Sharecare) of shares of your FCAC Class A Common Stock or Sharecare Common Stock, after the close of the market on June 25, 2021 through October 21, 2024, regardless of whether such transactions resulted in a profit or loss; and (iii) if applicable, *all* of the shares of Sharecare Common Stock that you held as of the close of the market on October 21, 2024. For *all* shares of Sharecare Common Stock that you purchased after the close of the market on June 25, 2021, and continued to hold as of the close of the market on October 21, 2024, provide any

documentary evidence that demonstrates such share is a Traceable Share that can be traced to a Non-Redeemed Share. Failure to report all such transactions may result in the rejection of your claim.

List these transactions separately and in chronological order; (i) by number of shares of FCAC Class A Common Stock held at the close of the market on June 25, 2021; (ii) then by purchase and sale date for all shares of FCAC Class A Common Stock or Sharecare Common Stock after the close of the market on June 25, 2021 through October 21, 202, beginning with the earliest; (iii) then, if applicable, all of the shares of Sharecare Common Stock that you held as of the close of the market on October 21, 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 FCAC Class A Common Stock as of the close of the market on June 25, 2021; (ii) your subsequent purchases and sales of FCAC Class A Common Stock or Sharecare Common Stock through October 21, 2024; (iii) your holdings of Sharecare Common stock as of the close of the market on October 21, 2024; and (iv) whether your holdings of Sharecare Common stock as of the close of the market on October 21, 2024 are Traceable Shares 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.

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

*Paul Berger Revocable Trust v. Falcon Equity Investors LLC, et al.*, C.A. No. 2023-0820-JTL

PROOF OF CLAIM AND RELEASE
Must Be Received No Later Than:

March 10, 2025

Please Type or Print

PART I: CLAIMANT IDENTIFICATION

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

Street Address

City | State or Province

Zip Code or Postal Code | Country

Last Four Digits of Social Security Number or Taxpayer Identification Number

_____ Individual
_____ Corporation/Other

Area Code | Telephone Number (work)

Area Code | Telephone Number (home)

Email Address

Record Owner's Name (if different from beneficial owner listed above)

**PART II – SCHEDULE OF TRANSACTIONS IN** FCAC CLASS A COMMON STOCK OR SHARECARE COMMON STOCK

| | |
|---|---|
| **1. NUMBER OF NON-REDEEMED SHARES*** – State the total number of shares of FCAC Class A common stock held as of the close of trading on June 25, 2021. (Must be documented.) If none, write "zero" or "0." _____ | Confirm Proof of Position Enclosed ○ |

**2. PURCHASES/ACQUISITIONS FROM JUNE 26, 2021 THROUGH OCTOBER 21, 2024** – Separately list each and every purchase or acquisition (including free receipts) of FCAC Class A common stock or Sharecare common stock from after the opening of trading on June 26, 2021 through the close of trading on October 21, 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 |
|---|---|---|---|---|
| / / | | $ | $ | ○ |
| / / | | $ | $ | ○ |
| / / | | $ | $ | ○ |
| / / | | $ | $ | ○ |

| | |
|---|---|
| **3. SALES FROM JUNE 26, 2021 THROUGH OCTOBER 21, 2024** – Separately list each and every sale or disposition (including free deliveries) of FCAC Class A common stock or Sharecare common stock from after the opening of trading on June 26, 2021 through the close of trading on October 21, 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 (not deducting any taxes, commissions, and fees) | Confirm Proof of Sale Enclosed |
|---|---|---|---|---|
| / / | | $ | $ | ○ |
| / / | | $ | $ | ○ |
| / / | | $ | $ | ○ |
| / / | | $ | $ | ○ |

| | |
|---|---|
| **5. HOLDINGS AS OF THE CLOSE OF OCTOBER 21, 2024 –** State the total number of shares of Sharecare common stock held as of the close of trading on October 21, 2024. (Must be documented.) If none, write "zero" or "0." _____ | Confirm Proof of 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 SOCIAL SECURITY/TAXPAYER IDENTIFICATION NUMBER ON EACH ADDITIONAL PAGE. IF YOU DO ATTACH EXTRA SCHEDULES, CHECK THIS BOX.** ☐

## 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 of 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 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 included the requested required information about all of my (our) holdings of Eligible Shares.

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

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

_____
(Sign your name here)

_____
(Type or print your name here)

_____
(Capacity of person(s) signing, *e.g.*, Beneficial Purchaser or Acquirer, 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 acknowledgment.

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.