UNITED STATES DISTRICT COURT CENTRAL DISTRICT OF CALIFORNIA

LESLIE LILIEN, Individually and on Behalf of All Others Similarly Situated,

Plaintiff,

v.

OLAPLEX HOLDINGS, INC., et al.,

Defendants.

Case No. 2:22-cv-08395-SVW(SKx)

CLASS ACTION

PROOF OF CLAIM AND RELEASE FORM

I. GENERAL INSTRUCTIONS

- 1. To recover as a member of the Settlement Class based on your claims in the class action entitled *Lilien v. Olaplex Holdings, Inc.*, No. 22-CV-08395-SVW (C.D. Cal.) (the "Action"), you must complete and, on page 6 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 of the Action. Submission of this Claim Form, however, does not ensure that you will share in the proceeds of the Settlement.¹
- 2. THIS CLAIM FORM MUST BE SUBMITTED ONLINE NO LATER THAN NOVEMBER 24, 2025 AT WWW.OLAPLEXSECURITIESSETTLEMENT.COM OR, IF MAILED, BE POSTMARKED NO LATER THAN NOVEMBER 24, 2025, ADDRESSED AS FOLLOWS:

Olaplex Securities Settlement c/o Epiq Systems, Inc. P.O. Box 2167 Portland, OR 97208-2167 1-877-879-0943 www.OlaplexSecuritiesSettlement.com info@OlaplexSecuritiesSettlement.com

3. If you are a member of the Settlement Class and you have not requested exclusion from the Settlement Class, you will be bound by and subject to the terms of all judgments and orders entered in the Action, including the releases provided therein, WHETHER OR NOT YOU SUBMIT A CLAIM FORM OR RECEIVE A PAYMENT.

II. CLAIMANT IDENTIFICATION

- 4. If you purchased or otherwise acquired Olaplex Holdings, Inc. ("Olaplex") publicly traded common stock on or before November 12, 2021 pursuant and/or traceable to the Registration Statement or Prospectus (together, the "Offering Documents") for Olaplex's initial public offering ("IPO") (*i.e.*, the shares were purchased or acquired during the period from September 29, 2021 through November 12, 2021), and held the stock in your name, you are the beneficial and record owner of the shares. If, however, the Olaplex shares were purchased or otherwise acquired through a third party, such as a brokerage firm, you are the beneficial owner and the third party is the record owner.
- 5. Use **Part I** of this form entitled "Claimant Identification" to identify each beneficial owner of Olaplex publicly traded 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.

¹ All capitalized terms not defined in this Claim Form have the meanings given in the Stipulation and Agreement of Settlement, dated August 1, 2025 (the "Stipulation"), available at www.OlaplexSecuritiesSettlement.com.

6. All joint owners must sign this claim. Executors, administrators, guardians, conservators, legal representatives, and trustees filing this claim 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 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 the claim.

III. IDENTIFICATION OF TRANSACTIONS

- 7. Use **Part II** of this form entitled "Schedule of Transactions in Olaplex Publicly Traded Common Stock" to supply all required details of the 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.
- 8. On the schedules, provide all of the requested information with respect to the purchases or acquisitions of Olaplex publicly traded common stock pursuant and traceable to the Offering Documents for Olaplex's IPO during the period from September 29, 2021 through November 12, 2021, whether the transactions resulted in a profit or a loss. You must also provide all of the requested information with respect to all sales of Olaplex publicly traded common stock during the requested time period and shares held after the close of trading on **July 31, 2025**. Failure to report all such transactions may result in the rejection of your claim.
- 9. The date of covering a "short sale" is deemed to be the date of purchase or acquisition of Olaplex common stock. The date of a "short sale" is deemed to be the date of sale. Any transactions in Olaplex common stock executed outside of regular trading hours for the U.S. financial markets shall be deemed to have occurred during the next regular trading session.
- 10. Copies of broker trade confirmations or other documentation of the 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 OLAPLEX PUBLICLY TRADED COMMON STOCK.
- 11. NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request, or may be asked, 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 1-877-879-0943 to obtain the required file layout or visit www.OlaplexSecuritiesSettlement.com. 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.

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.

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Co-Beneficial Owner's First Name										J	MI	ı	Co-	Co-Beneficial Owner's Last Name																				
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Claimant Account Type (check appropriate box)																																		
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Corporation									Ot	Other								(please specify)																

PART II: SCHEDULE OF TRANSACTIONS IN OLAPLEX PUBLICLY TRADED COMMON STOCK

1. PURCHASES/ACQUISITIONS FROM SEPTEMBER 29, 2021 THROUGH NOVEMBER 12, 2021—Separately list each and every purchase and acquisition of Olaplex publicly traded common stock during the period from September 29, 2021 through, and including, November 12, 2021. (Must submit documentation.)										
Date of Purchase/ Acquisition (List Chronologically) MM/DD/YY	Number of Shares	Price Per Share	Total Purchase/ Acquisition Price (excluding taxes, commissions, and fees)							
		\$	\$							
		\$	\$							
		\$	\$							
		\$	\$							
2. NUMBER OF SHARES PURCHASED/ACQUIRED FROM NOVEMBER 13, 2021 THROUGH JULY 31, 2025—State the total number of shares of Olaplex publicly traded common stock purchased/acquired from November 13, 2021 through, and including, July 31, 2025. (Must submit documentation.) 3. SALES FROM SEPTEMBER 29, 2021 THROUGH JULY 31, 2025—Separately list each and every sale of Olaplex publicly traded common stock from September 29, 2021 through, and including, the close of trading on July 31, 2025. (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)							
		\$	\$							
		\$	\$							
		\$	\$							
4. HOLDINGS AS OF CLOSE OF TRADING ON JULY 31, 2025 – State the total number of shares of Olaplex publicly traded common stock held as of the close of trading on July 31, 2025. 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										

04-CA40087430

² Information requested in this Claim Form with respect to your purchases/acquisitions from November 13, 2021 through July 31, 2025 is needed only in order for the Claims Administrator to confirm that you have reported all relevant transactions. Purchases/acquisitions during this period are not eligible for a recovery.

IV. SUBMISSION TO JURISDICTION OF THE COURT AND ACKNOWLEDGMENTS

12. 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 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(s) and for purposes of enforcing the releases set forth herein. I (We) further acknowledge that, once the Settlement reaches its Effective Date, I (we) will be bound by and subject to the terms of all judgments and orders entered 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 Olaplex publicly traded common stock and other Olaplex securities, if required to do so. I (We) have not submitted any other claim covering the same transactions in Olaplex publicly traded common stock during the time periods herein and know of no other person having done so on my (our) behalf.

V. RELEASES, WARRANTIES, AND CERTIFICATION

- 13. I (We) hereby warrant and represent that I am (we are) a Settlement Class Member as defined in the notices, and that I am (we are) not excluded from the Settlement Class.
- 14. 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 Plaintiffs' Claims as to each and all of the Released Defendant Parties (as these terms are defined in the 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.
- 15. 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.
- 16. I (We) hereby warrant and represent that I (we) have included information about all purchases, acquisitions, and sales of Olaplex publicly traded common stock that occurred during the relevant time periods and the number of shares held by me (us), to the extent requested.
- 17. 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	, 2025
Signa	ture of Claimant	Type or print name of Claimant
Signa	nure of Chamman	Type of print name of Claimant
Signature of	f Joint Claimant, if any	Type or print name of Joint Claimant
Signature of person s	signing on behalf of Claimant(s)	Type or print name of person signing on behalf of Claimant(s)
Capacity of person signing if other than an individual (President, Custodian, Pow	on behalf of Claimant/Joint Claimant, (e.g., Administrator, Executor, Trustee, er of Attorney, etc.)	

REMINDER CHECKLIST:

- 1. Sign this Claim Form.
- 2. DO NOT HIGHLIGHT THE CLAIM FORM OR YOUR 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. The Claims Administrator will acknowledge receipt of your Claim Form by mail, within 60 days. **Your claim is not deemed submitted until you receive an acknowledgment postcard.** If you do not receive an acknowledgment postcard within 60 days, please call the Claims Administrator toll free at 1-877-879-0943 or email at info@OlaplexSecuritiesSettlement.com.
- 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.