PROOF OF CLAIM AND RELEASE FORM

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
Mark Leone v. ASP Isotopes Inc., et al.,
C.A. No. 1:24-cv-9253-CM

ASP Isotopes Securities Settlement
c/o Settlement Administrator
P.O. Box 25199
Santa Ana, CA 92799

Toll Free Telephone: (833) 360-6782
info@ASPIsotopesSecuritiesSettlement.com
www.ASPIsotopesSecuritiesSettlement.com

THIS PROOF OF CLAIM AND RELEASE FORM ("CLAIM FORM") APPLIES TO PERSONS AFFECTED BY THE ABOVE-CAPTIONED SECURITIES CLASS ACTION (THE "ACTION") PENDING IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF NEW YORK (THE "COURT"), IF, DURING THE PERIOD BETWEEN SEPTEMBER 26, 2024 AND NOVEMBER 26, 2024, INCLUSIVE (THE "SETTLEMENT CLASS PERIOD"), YOU PURCHASED THE PUBLICLY-TRADED COMMON STOCK OF ASP ISOTOPES INC. ("ASPI" OR THE "COMPANY"), AND WERE ALLEGEDLY DAMAGED THEREBY AS ALLEGED IN THE ACTION (THE "SETTLEMENT CLASS").[1]

To be eligible to receive a share of the Net Settlement Fund in connection with the Settlement of this Action, you must be a Settlement Class Member and complete and sign this Proof of Claim and Release Form ("Claim Form") and submit it online at www.ASPIsotopesSecuritiesSettlement.com or mail it by first-class mail to the above address, **submitted online or postmarked no later than December 2, 2026.**

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

Do not mail or deliver your Claim Form to the Court, the settling parties or their counsel. Submit your Claim Form only to the Claims Administrator at the address set forth above.

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[1] All capitalized terms used in this Notice that are not otherwise defined herein shall have the meanings ascribed to them in the Stipulation and Agreement of Settlement dated July 2, 2026 (the "Stipulation"), which is available at www.ASPIsotopesSecuritiesSettlement.com.

PART I. GENERAL INSTRUCTIONS

1. It is important that you completely read and understand the Notice of (I) Pendency of Class Action, Certification of Settlement Class, and Proposed Settlement; (II) Settlement Hearing; and (III) Motion for an Award of Attorneys' Fees and Reimbursement of Litigation Expenses (the "Notice") that accompanies this Claim Form, including the Plan of Allocation of the Net Settlement Fund set forth in the Notice. The Notice describes the proposed Settlement, how Settlement Class Members are affected by the Settlement, and the manner in which the Net Settlement Fund will be distributed if the Settlement and Plan of Allocation are approved by the Court. The Notice also contains the definitions of many of the defined terms (which are indicated by initial capital letters) used in this Claim Form. By signing and submitting this Claim Form, you will be certifying that you have read and that you understand the Notice, including the terms of the releases described therein and provided for herein.

2. This Claim Form is directed to all persons and entities that purchased the publicly traded common stock of ASP Isotopes Inc. ("ASPI") between September 26, 2024 and November 26, 2024, both dates inclusive (the "Settlement Class Period"), and were allegedly damaged thereby as alleged in the Action (the "Settlement Class"). All persons and entities that are members of the Settlement Class are referred to as "Settlement Class Members."

3. Excluded from the Settlement Class are Defendants, the officers and directors of ASPI, at all relevant times, members of their immediate families and their legal representatives, heirs, successors, or assigns, any entity in which Defendants have or had a controlling interest, and any trust of which Defendant Mann is the settlor or which is for the benefit of Defendant Mann and/or member(s) of his immediate family. Also excluded from the Settlement Class are any persons or entities who or which exclude themselves by submitting a request for exclusion in accordance with the requirements set forth in the Notice.

4. If you are not a Settlement Class Member do not submit a Claim Form. YOU MAY NOT, DIRECTLY OR INDIRECTLY, PARTICIPATE IN THE SETTLEMENT IF YOU ARE NOT A SETTLEMENT CLASS MEMBER. THUS, IF YOU ARE EXCLUDED FROM THE CLASS (AS SET FORTH IN PARAGRAPH 3 ABOVE), ANY CLAIM FORM THAT YOU SUBMIT, OR THAT MAY BE SUBMITTED ON YOUR BEHALF, WILL NOT BE ACCEPTED.

5. If you are a Settlement Class Member, you will be bound by the terms of any judgments or orders entered in the Action WHETHER OR NOT YOU SUBMIT A CLAIM FORM, unless you submit a request for exclusion from the Settlement Class. Thus, if you are a Class Member, the Judgment will release, and you will be barred and enjoined from commencing, prosecuting, or continuing to prosecute any action or other proceeding in any court of law or equity, arbitration tribunal or administrative forum, asserting each and every Released Plaintiff's Claims (including Unknown Claims) against Released Defendants' Parties.

6. You are eligible to participate in the distribution of the Net Settlement Fund only if you are a member of the Settlement Class and if you complete and return this form as specified below. If you fail to submit a timely, properly addressed, and completed Claim Form with the required documentation, your claim may be rejected and you may be precluded from receiving any distribution from the Net Settlement Fund.

7. Submission of this Claim Form does not guarantee that you will share in the proceeds of the Settlement. The distribution of the Net Settlement Fund will be governed by the Plan of Allocation set forth in the Notice, if it is approved by the Court, or by such other plan of allocation approved by the Court.

8. Use the Schedules of Transactions in Part III of this Claim Form to supply all required details of your transaction(s) (including free transfers) in and holdings of the applicable ASPI common stock. On the Schedules of Transactions, please provide all of the requested information with respect to your holdings, purchases, acquisitions and sales of the applicable ASPI common stock, whether such transactions resulted in a profit or a loss. Failure to report all transactions and holding information during the requested time periods may result in the rejection of your claim.

9. Please note: Only publicly traded ASPI common stock purchased during the Settlement Class Period (i.e., from September 26, 2024, and November 26, 2024, inclusive) is eligible under the Settlement. However, because the

PSLRA provides for a "90-day look-back period" (described in the Plan of Allocation set forth in the Notice), you must provide documentation related to your purchases and sales of ASPI common stock during the period from November 27, 2024, through and including February 24, 2025 (i.e., the 90-day look-back period) in order for the Claims Administrator to calculate your Recognized Loss Amount under the Plan of Allocation and process your claim.

10. You are required to submit genuine and sufficient documentation for all of your transactions and holdings of the applicable ASPI common stock set forth in the Schedules of Transactions in Part III 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 ASPI common stock. IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OR EQUIVALENT CONTEMPORANEOUS 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, please do not highlight any portion of the Claim Form or any supporting documents.**

11. Separate Claim Forms should be submitted for each separate legal entity (e.g., a claim from joint owners should not include separate transactions through an account that is in the name of just one of the joint owners, and an individual should not combine his or her IRA transactions with transactions made through an account in the individual's name). Conversely, a single Claim Form should be submitted on behalf of one legal entity including all transactions made 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 made in all accounts on one Claim Form).

12. All joint beneficial owners must sign this Claim Form. If you purchased or otherwise acquired ASPI common stock during the Settlement Class Period and held the securities in your name, you are the beneficial owner as well as the record owner and you must sign this Claim Form to participate in the Settlement. If, however, you purchased or otherwise acquired ASPI common stock during the Settlement Class Period 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.

13. 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, Social Security Number (or taxpayer identification number), address and telephone number of the beneficial owner of (or other person or entity on whose behalf they are acting with respect to) the ASPI common stock; 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 stock in another person's accounts.)

14. By submitting a signed Claim Form, you will be swearing that you:
    (a) own(ed) the ASPI common stock you have listed in the Claim Form; or
    (b) are expressly authorized to act on behalf of the owner thereof.

15. By submitting a signed Claim Form, you will be swearing to the truth of the statements contained therein and the genuineness of the documents attached thereto, subject to penalties of perjury under the laws of the United States of America. The making of false statements, or the submission of forged or fraudulent documentation, will result in the rejection of your claim and may subject you to civil liability or criminal prosecution.

16. If the Court approves the Settlement, payments to eligible Authorized Claimants pursuant to the Plan of Allocation (or such other plan of allocation as the Court approves) will be made after the completion of all claims processing. This could take substantial time. Please be patient.

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

18. If you have questions concerning the Claim Form or need additional copies of the Claim Form or the Notice, you may contact the Claims Administrator, Simpluris, at P.O. Box 25199, Santa Ana, CA 92799, by email at info@ASPIsotopesSecuritiesSettlement.com, or by toll-free phone at (833) 360-6782 or you may download the documents from the Settlement website, www.ASPIsotopesSecuritiesSettlement.com.

19. 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. To obtain the mandatory electronic filing requirements and file layout, you may visit the Settlement website at www.ASPIsotopesSecuritiesSettlement.com or you may email the Claims Administrator's electronic filing department at broker@ASPIsotopesSecuritiesSettlement.com. Any file not in accordance with the required electronic filing format will be subject to rejection. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues an email to that effect after processing your file with your claim numbers and respective account information. Do not assume that your file has been received or processed 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 broker@ASPIsotopesSecuritiesSettlement.com to inquire about your file and confirm it was received and acceptable.

20. 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.ASPIsotopesSecuritiesSettlement.com. 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@ASPIsotopesSecuritiesSettlement.com or (833) 360-6782. 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 OR EMAIL. THE CLAIMS ADMINISTRATOR WILL ACKNOWLEDGE RECEIPT OF YOUR CLAIM FORM BY MAIL OR EMAIL WITHIN 60 DAYS. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT POSTCARD OR EMAIL WITHIN 60 DAYS, PLEASE CALL THE CLAIMS ADMINISTRATOR TOLL FREE AT (833) 360-6782

PART II. CLAIMANT INFORMATION

(Please read General Instructions in Part I before completing this section.)
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 First Name | MI | Beneficial Owner's Last Name

Co-Beneficial Owner's First Name | MI | Co-Beneficial Owner's Last Name

Entity Name (if Beneficial Owner is not an individual)

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

Last four digits of Social Security Number or Taxpayer Identification Number

Account Number (account(s) through which the securities were traded)[2]

Claimant Account Type (check appropriate box):

Individual ☐ Corporation ☐ IRA/401K ☐ Pension Plan ☐ Estate ☐ Trust ☐

Other ☐ (please specify)

Address 1 (street name and number)

Address 2 (apartment, unit, or box number)

City State ZIP Code / Postal Code

Foreign Country (only if not USA)

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.)

Telephone Number (Home)

PART III. SCHEDULE OF TRANSACTIONS IN ASPI COMMON STOCK

Complete this Part III if and only if you purchased/acquired ASPI common stock during the period from September 26, 2024, through and including November 26, 2024. Please include proper documentation with your Claim Form as described in detail in Part II – General Instructions, Paragraph 10, above. Do not include information in this section regarding securities other than ASPI common stock purchased.

1. Beginning Holdings: State the total number of shares of ASPI common stock held as of the close of trading on September 25, 2024. (Must be documented.) If none, write "zero" or "0." (*Must be documented.*):

[2] If the account number is unknown, you may leave blank. If the same legal entity traded through more than one account, please submit one Claim Form per account. Please see paragraph 11 of the General Instructions for more information on when to file separate Claim Forms for multiple accounts, *i.e.*, when you are filing on behalf of distinct legal entities.

2. PURCHASES/ACQUISITIONS DURING THE SETTLEMENT CLASS PERIOD THROUGH FEBRUARY 24, 2025 – Separately list each and every purchase/acquisition (including free receipts) of ASPI common stock from after the opening of trading on September 26, 2024, through and including the close of trading on February 24, 2025. (Must be documented.)

Date of Purchase/Acquisition (List Chronologically) (MM/DD/YY)	Number of Shares Purchased/Acquired	Purchase/Acquisition Price per Share	Total Purchase/Acquisition Price (Excluding Commissions, Taxes, and Fees)
		.	.
		.	.
		.	.
		.	.

SALES DURING THE SETTLEMENT CLASS PERIOD THROUGH FEBRUARY 24, 2025 – Separately list each and every sale/disposition (including free deliveries) of ASPI common stock from after the opening of trading on September 26, 2024, through and including the close of trading on February 24, 2025. (Must be documented.)

IF NONE CHECK HERE ☐

Sale Date (List Chronologically) (MM/DD/YY)	Number of Shares Sold	Sale Price per Share	Total Sale Price (Excluding Commissions, Taxes, and Fees)
		.	.
		.	.
		.	.
		.	.

ENDING HOLDINGS – State the total number of shares of ASPI common stock held as of the close of trading on February 24, 2025. (Must be documented.) If none, write "zero" or "0."

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If additional space is needed, attach separate, numbered sheets, giving all required information, substantially in the same format, and print your name and the last four digits of your Social Security or Taxpayer Identification Number at the top of each sheet.

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

IF YOU DO NOT CHECK THE ABOVE BOX ANY ADDITIONAL PAGES WILL NOT BE REVIEWED.

NOTE THAT CLAIMS CALCULATING TO AN AWARD AMOUNT LESS THAN $10.00 WILL NOT BE PAID.

YOU MUST READ THE RELEASE AND SIGN ON THE NEXT PAGE. FAILURE TO SIGN MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.

PART IV. RELEASE OF CLAIMS AND SIGNATURE

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

I (we) hereby acknowledge that as of the Effective Date of the Settlement, pursuant to the terms set forth in the Stipulation, I (we), on behalf of myself (ourselves) and my (our) successors and assigns, shall be deemed to have, and by operation of law and of the Judgment, or the Alternate Judgment if applicable, shall have, fully, finally and forever compromised, settled, released, resolved, relinquished, waived, and discharged each and every Released Plaintiff's Claim (as defined in the Stipulation and in the Notice) against Defendants and the other Released Defendants' Parties (as defined in the Stipulation and in the Notice) and shall permanently and forever be barred and enjoined from commencing, prosecuting, or continuing to prosecute, directly or indirectly, representatively, or in any other capacity, in any court of law or equity, arbitration tribunal or administrative forum any or all of the Released Plaintiff's Claims against any of the Released Defendants' Parties.

CERTIFICATION

By signing and submitting this Claim Form, the Claimant(s) or the person(s) who represent(s) the Claimant(s) certifies (certify), as follows:

1. that I (we) have read and understand the contents of the Notice and this Claim Form, including the releases provided for in the Settlement and the terms of the Plan of Allocation;
2. that the Claimant(s) is a (are) Settlement Class Member(s), as defined in the Notice and in paragraph 2 on page [3] of this Claim Form, and is (are) not excluded from the Settlement Class by definition or pursuant to request as set forth in the Notice and in paragraph 3 on page [3] of this Claim Form;
3. that I (we) own(ed) the ASPI common stock identified in the Claim Form and have not assigned the claim against the Released Defendants' 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;
4. that the Claimant(s) has (have) not submitted any other claim covering the same purchases/acquisitions of ASPI common stock and knows (know) of no other person having done so on the Claimant's (Claimants') behalf;
5. that the Claimant(s) submit(s) to the jurisdiction of the Court with respect to Claimant's (Claimants') claim and for purposes of enforcing the releases set forth herein;
6. that I (we) agree to furnish such additional information with respect to this Claim Form as Lead Counsel, the Claims Administrator or the Court may require;
7. that the Claimant(s) waive(s) the right to trial by jury, to the extent it exists, and agree(s) to the Court's summary disposition of the determination of the validity or amount of the claim made by this Claim Form;
8. that I (we) acknowledge that the Claimant(s) will be bound by and subject to the terms of any judgment(s) that may be entered in the Action; and
9. 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 is 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 is no longer subject to backup withholding. **If the IRS has notified the Claimant(s) that he, she or it is 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.

Print Name of Claimant (Beneficial Owner)

Signature of Claimant (Beneficial Owner)

MM DD YY

Print Name of Joint Claimant (Co-Beneficial Owner) (if any)

Signature of Joint Claimant (Co-Beneficial Owner) (if any)

MM DD YY

IMPORTANT NOTE: If the Claimant is other than an individual, or is not the person completing this form, proof of authority to file is required to be enclosed with the claim form, and the following must also be provided:

Capacity of person signing on behalf of Claimant (Beneficial Owner), if other than an individual, *e.g.*, executor, president, trustee, custodian, etc. (you must provide evidence of authority to act on behalf of Claimant).

Print Name of person signing on behalf of Claimant (Beneficial Owner)

Signature of person signing on behalf of Claimant (Beneficial Owner)

MM DD YY

Part V. REMINDER CHECKLIST

1. Please sign the above release and certification. If this Claim Form is being made on behalf of joint Claimants, then both must sign.
2. Remember to attach only copies of acceptable supporting documentation as these documents will not be returned to you.
3. Please do not highlight any portion of the Claim Form or any supporting documents.
4. Do not send original security certificates or documentation. These items cannot be returned to you by the Claims Administrator.
5. Keep copies of the completed Claim Form and documentation for your own records.
6. 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 or email within 60 days, please call the Claims Administrator toll free at (833) 360-6782.
7. If your address changes in the future, or if this Claim Form was sent to an old or incorrect address, please send the Claims Administrator written notification of your new address. If you change your name, please inform the Claims Administrator.
8. If you have any questions or concerns regarding your claim, please contact the Claims Administrator at the address below, by email at info@ASPIsotopesSecuritiesSettlement.com, or toll-free at (833) 360-6782 or visit www.ASPIsotopesSecuritiesSettlement.com. Please DO NOT call ASPI or any of the other Defendants or their counsel with questions regarding your claim.

THIS CLAIM FORM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR BY FIRST-CLASS MAIL, **POSTMARKED NO LATER THAN DECEMBER 2, 2026**, ADDRESSED AS FOLLOWS:

ASP Isotopes Securities Settlement
c/o Settlement Administrator
P.O. Box 25199
Santa Ana, CA 92799

OR SUBMITTED ONLINE AT WWW.ASPISOTOPESSECURITIESSETTLEMENT.COM **ON OR BEFORE DECEMBER 2, 2026**.

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 2, 2026, 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.