

atai Life Sciences and Beckley Psytech to Combine Creating a Global Leader in Psychedelic Mental Health Therapies

June 2, 2025



Disclaimer

All references in this presentation to “we”, “us”, “our”, “atai”, or the “Company” refer to ATAI Life Sciences N.V. and its consolidated subsidiaries, unless the context otherwise requires. This presentation contains forward-looking statements within the meaning of the private Securities Litigation Reform Act of 1995. We intend such forward-looking statements to be covered under by the safe harbor provisions for forward-looking statements contained in Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended. All statements other than statements of historical facts contained in this presentation, including statements regarding our future results of operations and financial position, industry dynamics, business strategy and plans, anticipated milestones and timelines for our non-clinical, pre-clinical studies and clinical trials and our objectives for future operations, are forward-looking statements. These statements represent our opinions, expectations, beliefs, intentions, estimates or strategies regarding the future, which may not be realized. In some cases, you can identify forward-looking statements by terms such as “may,” “will,” “should,” “expects,” “plans,” “anticipates,” “could,” “intends,” “targets,” “projects,” “contemplates,” “believes,” “estimates,” “predicts,” “potential” or “continue” or the negative of these terms or other similar expressions that are intended to identify forward-looking statements. Forward-looking statements are based largely on our current expectations and projections about future events and financial trends that we believe may affect our financial condition, results of operations, business strategy, short term and long-term business operations and objectives and financial needs. These forward-looking statements are subject to a number of risks, uncertainties and assumptions, including without limitation the important factors described in the section titled “Risk Factors” in our most recent Annual Report on Form 10-K filed with the Securities and Exchange Commission (“SEC”), as updated by our subsequent filings with the SEC, that may cause our actual results, performance or achievements to differ materially and adversely from those expressed or implied by the forward-looking statements. Moreover, we operate in a very competitive and rapidly changing environment. New risks emerge from time to time. It is not possible for our management to predict all risks, nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statements we may make. In light of these risks, uncertainties and assumptions, the forward-looking events and circumstances discussed in this presentation may not occur and actual results could differ materially and adversely from those anticipated or implied in the forward-looking statements. We caution you therefore against relying on these forward-looking statements, and we qualify all of our forward-looking statements by these cautionary statements.

The forward-looking statements included in this presentation are made only as of the date hereof. Although we believe that the expectations reflected in the forward-looking statements are reasonable, we cannot guarantee that the future results, levels of activity, performance or events and circumstances reflected in the forward-looking statements will be achieved or occur. Moreover, neither we nor our advisors nor any other person assumes responsibility for the accuracy and completeness of the forward-looking statements. Neither we nor our advisors undertake any obligation to update any forward-looking statements for any reason after the date of this presentation to conform these statements to actual results or to changes in our expectations, except as may be required by law. You should read this presentation with the understanding that our actual future results, levels of activity, performance and events and circumstances may be materially different from what we expect.

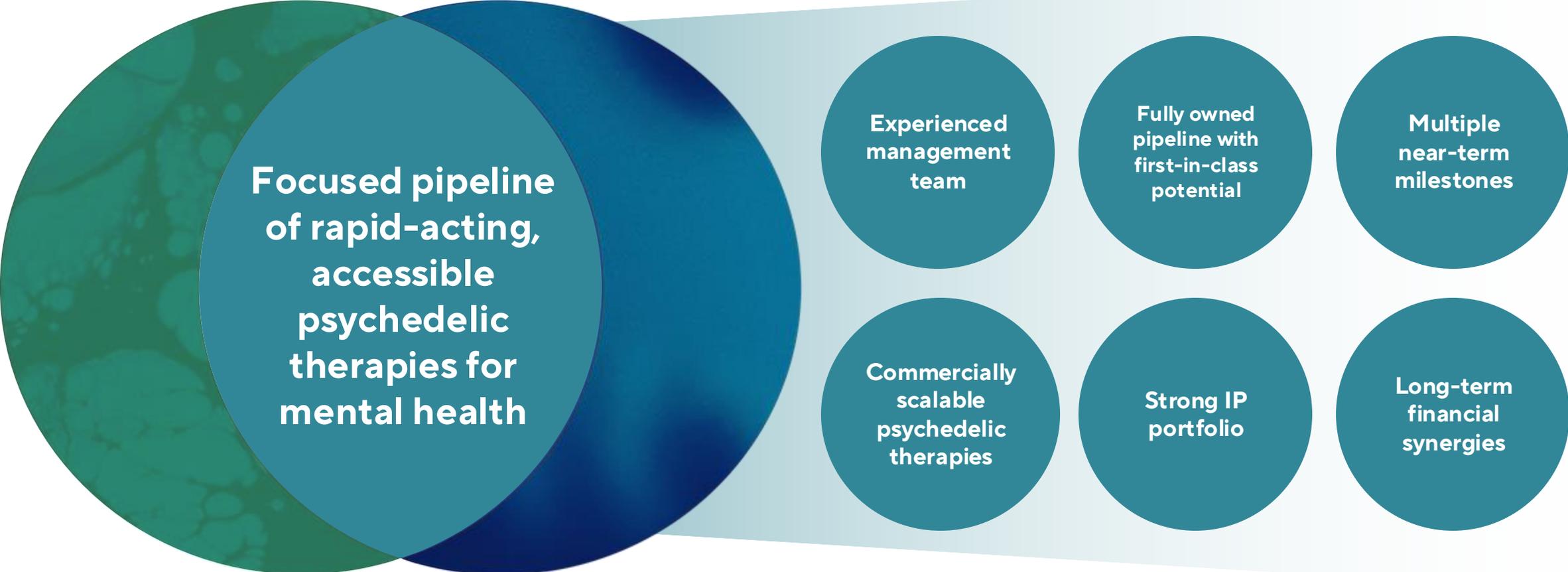
Unless otherwise indicated, information contained in this presentation concerning our industry, competitive position and the markets in which we operate is based on information from independent industry and research organizations, other third-party sources and management estimates. Management estimates are derived from publicly available information released by independent industry analysts and other third-party sources, as well as data from our internal research, and are based on assumptions made by us upon reviewing such data, and our experience in, and knowledge of, such industry and markets, which we believe to be reasonable. In addition, projections, assumptions and estimates of the future performance of the industry in which we operate or of any individual competitor and our future performance are necessarily subject to uncertainty and risk due to a variety of factors, including those described above. These and other factors could cause results to differ materially from those expressed in the estimates made by independent parties and by us. Industry publications, research, surveys and studies generally state that the information they contain has been obtained from sources believed to be reliable, but that the accuracy and completeness of such information is not guaranteed. Forecasts and other forward-looking information obtained from these sources are subject to the same qualifications and uncertainties as the other forward-looking statements in this presentation.

This presentation contains excerpts of testimonials from individuals who have been treated with compounds or derivatives of the compounds underlying our product candidates in the context of third-party studies or otherwise that are solely intended to be illustrative and not representative of the potential for beneficial results of such compounds. Our product candidates are in preclinical or clinical stages of development and none of our product candidates have been approved by the FDA or any other regulatory agency.

When discussing patents in this presentation, “issued” is to be understood to mean one or more issued or granted claims in one or more country, and “pending” is understood to mean one or more claims pending in a patent application in one or more country. Patent protection is a highly fact-sensitive inquiry, varying from country-to-country, and provides for enforceable protection to the extent (a) covered by a given claim, and (b) issued in such country or countries. No generalized descriptions of patents made herein should be relied upon; rather, a detailed discussion of our intellectual property and related risk factors can be found in our most recently filed Annual Report on Form 10-K, available on the SEC’s website at www.sec.gov.

Any trademarks included herein are the property of the owners thereof and are used for reference purposes only. Such use should not be construed as an endorsement of the products or services of the Company.

Stronger together, atai life sciences and Beckley Psytech unlock value for patients and shareholders



atai-Beckley Business Combination Highlights



- All-stock deal
 - Non-atai Beckley Psytech shareholders will receive ~105.0M newly issued shares of atai common stock (~31% of pro forma entity)
 - ELE-101 program will be carved out into a separate entity prior to deal close and distributed to Beckley shareholders (including atai) on a pro rata basis
-



- Combined Company will be led by atai's CEO Srinivas Rao and the executive team will be a combination of atai and Beckley management
 - The Combined Company board will include two nominations from Beckley Psytech shareholders
-



- atai's Board recommendation is subject to the following BPL-003 Phase 2b success criteria:
 - Statistical significance achieved on the primary endpoint (MADRS) of the Phase 2b study of BPL-003 with a $p < 0.05$
 - Less than 3 individual cases of drug related serious adverse events observed in the 8mg arm during the Phase 2b study
 - Less than a total of 6% drug related serious adverse events observed in the 12mg arm during the Phase 2b study
-



- Closing expected 2H 2025, subject to atai shareholder approval
- Beckley Psytech shareholders have voted in favour of the transaction and ~25% of atai's common stock have entered into voting agreements in support of the transaction
- Non-atai Beckley Psytech shareholders and Apeiron have entered into lock-up agreements, restricting the sale or transfer of their shares in the combined company following the public announcement of the results of the Phase 2b study of BPL-003¹

Experienced management team with deep CNS, psychedelic and drug development expertise



Srinivas Rao, M.D., Ph.D.
Co-founder and
Chief Executive Officer



Cosmo Feilding Mellen
Co-founder and
Chief Strategy Officer¹



Anne Johnson, CPA
Chief Financial Officer



Rob Conley, M.D.
Chief Research & Development Officer



Kevin Craig, M.D.
Chief Medical Officer



Glenn Short, Ph.D.
Chief Scientific Officer



Gerd Kochendoerfer, Ph.D.
Chief Operating Officer

¹ Cosmo Feilding Mellen will be nominated at deal close to be a member of the Combined Company's Supervisory Board. He will be formally delegated to participate on the Executive Management Team as Chief Strategy Officer.

Combined vision is being delivered through a pipeline of fully-owned psychedelic development programs across a range of compounds and psychiatric indications

Programs	Primary Indication	Preclin	Phase 1	Phase 2	Phase 3
<i>Post-merger Fully-Owned Programs</i>					
BPL-003 <i>Mebufotenin (5-MeO-DMT) benzoate</i>	Treatment Resistant Depression (TRD)				
VLS-01 <i>DMT</i>	TRD				
EMP-01 <i>R-MDMA</i>	Social Anxiety Disorder (SAD)				
Novel 5-HT_{2A} Receptor Agonists (inc. non-hallucinogenic neuroplastogens)	Undisclosed				

Fully funded through multiple near-term milestones

ACHIEVED AND ANTICIPATED UPCOMING MILESTONES^{1,2}

Programs	Q1'25	Q2'25	Q3'25	Q4'25	Q1'26
BPL-003 Mebufotenin benzoate	✓ Ph 2a (AUD) OL data	✓ Ph 2a (TRD) SSRI OL data	● Ph 2b (TRD) data		
VLS-01 DMT		✓ Ph 2 (TRD) trial initiation			● Ph 2 (TRD) data
EMP-01 R-MDMA		✓ Ph 2a (SAD) initiation			● Ph 2a (SAD) data
RL-007 Pro-cognitive neuromodulator			● Ph 2b (CIAS) data		

Market Opportunity and Unmet Need

INTERVENTIONAL PSYCHIATRY



Leading interventional psychiatry treatment, SPRAVATO® (esketamine) for TRD, achieved blockbuster status in 2024 (>\$1B) with ~86% of sales in the US

SPRAVATO® interventional psychiatry treatment paradigm

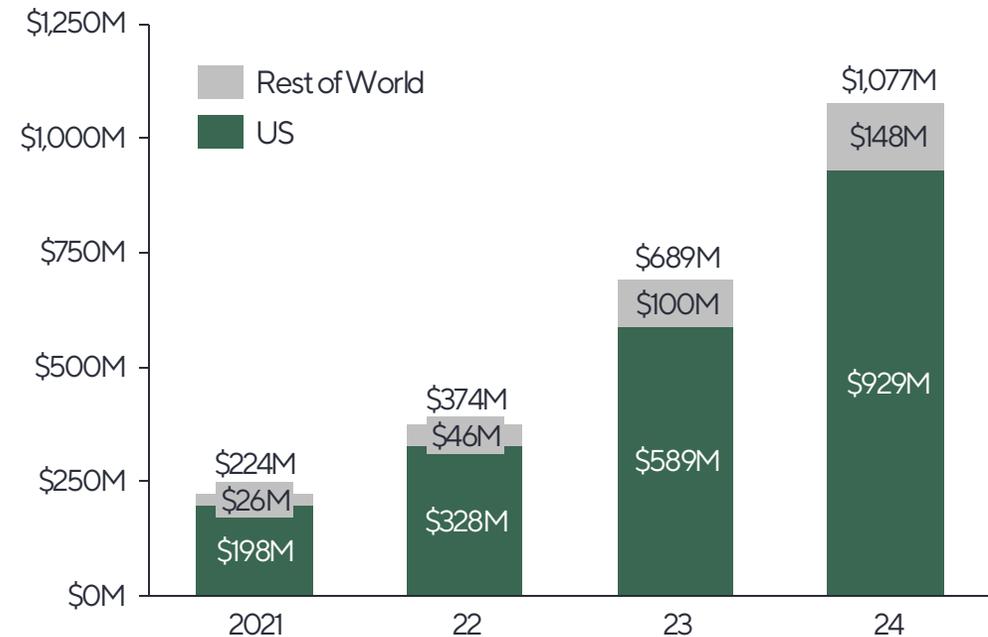
2-hour dosing protocol with established infrastructure

- Patients monitored for at least 2 hours at each treatment session
- Delivered intranasally under the supervision of a healthcare provider
- >5,000 certified clinics¹
- ~40-50K US patients treated in 2024²

Potential for many administrations per year

- Weeks 1 to 4: twice per week
- Weeks 5 to 8: once weekly
- Week 9 and after: every two weeks or once weekly

Spravato® – Reported Global Annual Sales³ (2021-24)



J&J now highlights SPRAVATO® as a “key franchise” guiding \$3 billion to \$3.5 billion in annual sales

Novel psychedelic treatments

DEVELOPED TO PROVIDE RAPID AND DURABLE EFFICACY
WITH A SHORT TIME-IN-CLINIC



BPL-003 and VLS-01 are novel psychedelic candidates developed to optimize patient access for TRD with a short time-in-clinic

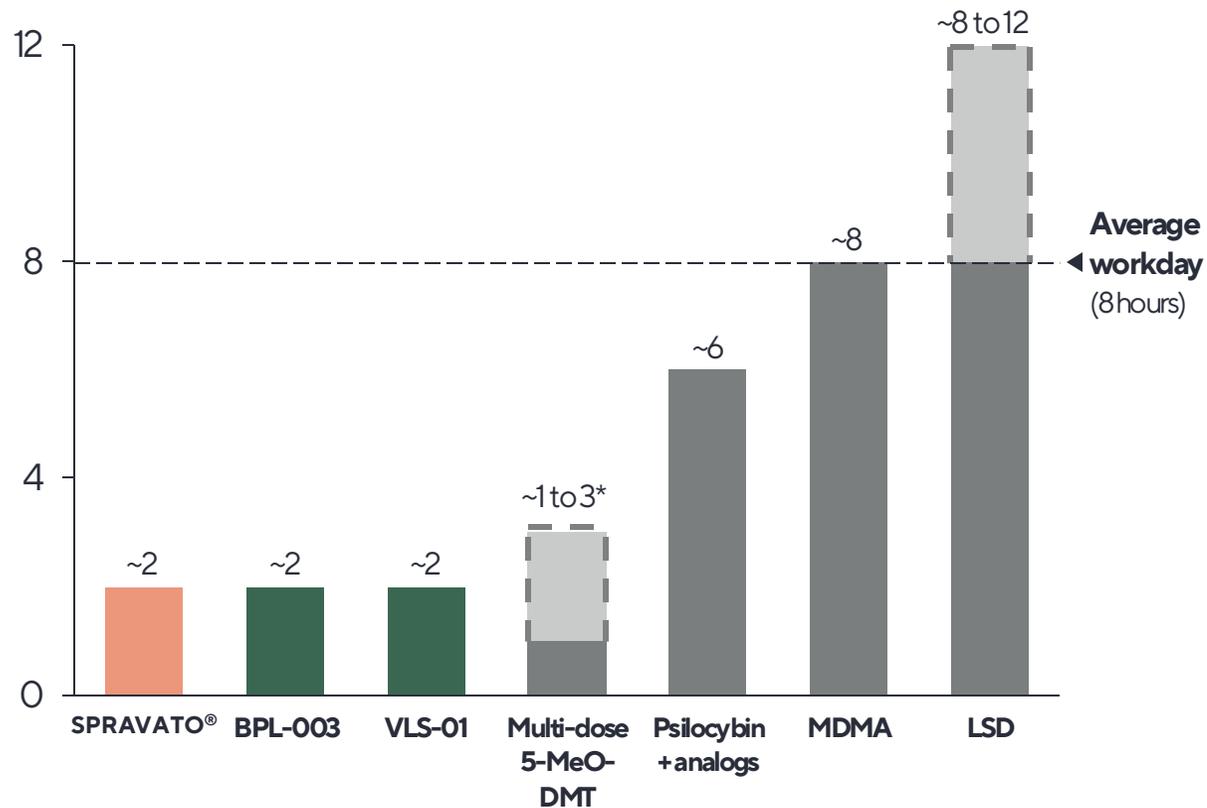


TARGET POSITION	First-in-class and best-in-class for mebufotenin	First-in-class and best-in-class for DMT
PHARMACOLOGY (5-HT2A : 5-HT1A binding affinity ¹)	5-HT1A/5-HT2A receptor agonist (1: 0.009)	5-HT2A receptor agonist (1: 3.4)
FORMULATION	Dry Powder Nasal Spray (transmucosal)	Buccal Film (transmucosal)
TREATMENT DURATION	~2 hours	~2 hours
DEVELOPMENT STAGE	Phase 2b; topline data anticipated mid '25 IND approved	Phase 2; topline data anticipated Q1 '26 IND approved
INTELLECTUAL PROPERTY	US COM and Methods issued; additional pending	US COM and Methods issued; additional pending

BPL-003 and VLS-01 designed to leverage SPRAVATO® 2-hour in-clinic treatment paradigm in depression

ANTICIPATED TIME TO DISCHARGE FROM CLINIC POST-DOSE¹

(in hours) *Illustrative*



KEY TAKEAWAYS

- **Predictable 2-hour treatment:** the potential to fit into the 2-hour in-clinic treatment paradigm established by SPRAVATO
- **Potential extended durability reduces patient burden:** 1-2 doses of a psychedelic therapy provides a sustained effect, simplifying the dosing schedule compared to SPRAVATO's once-weekly regimen
- **Significantly improves use of infrastructure:** lower dosing frequency compared to SPRAVATO could lower provider burden, and improve payer receptivity

BPL-003

INTRANASAL MEBUFOTENIN BENZOATE FOR TRD & AUD

BUSINESS COMBINATION WITH BECKLEY PSYTECH

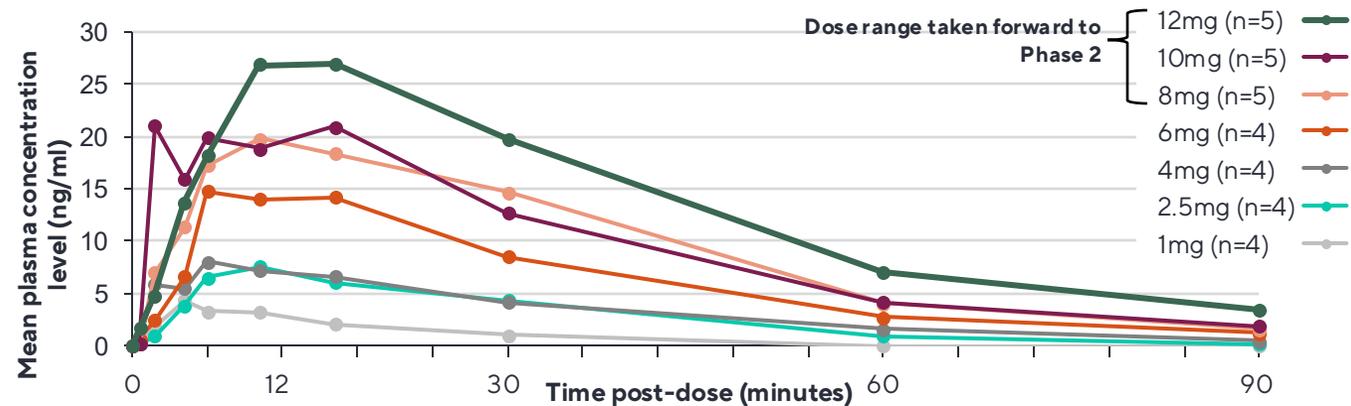


PK/PD results demonstrated a dose proportional profile with perceptual effects generally resolving <90 minutes

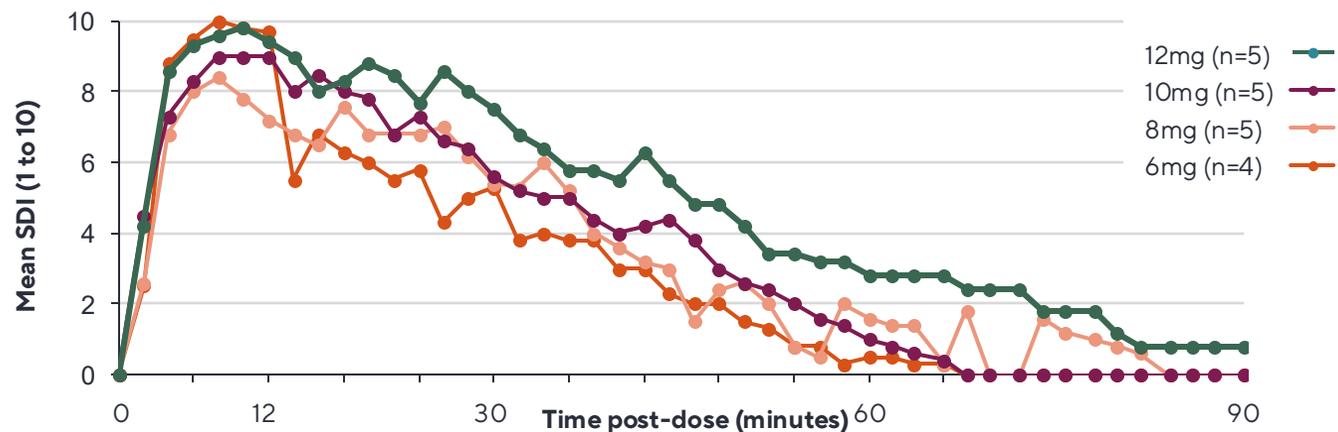
BPL-003 | Phase 1 Results

BPL-003 PHASE 1 RESULTS

BPL-003
Phase 1
PK Profile



BPL-003
Phase 1
Subjective Drug
Intensity (SDI)
Rating



KEY TAKEAWAYS

Pharmacokinetics (PK)

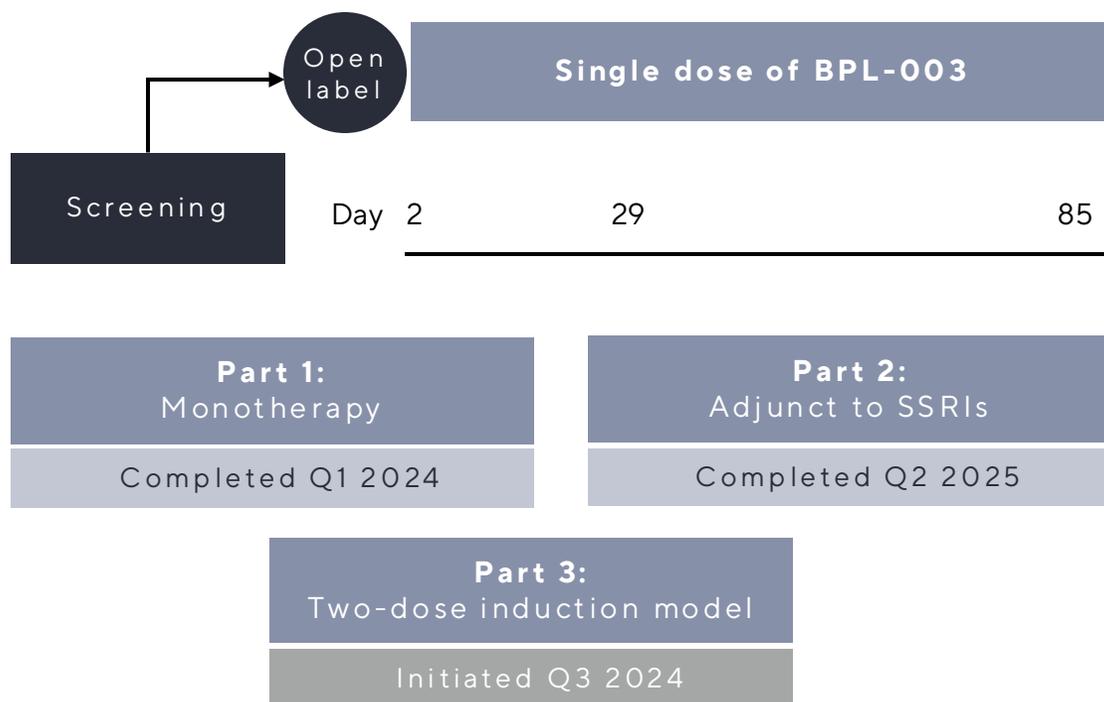
- Exposure was dose-proportional
- Rapid onset with mean Tmax of 6-17 min
- Mean half life of 15-30 min

Pharmacodynamics (PD):

- Participants were psychedelic naive
- All participants on doses ≥ 6 mg achieved intensity scores ≥ 7
- Perceptual effects generally fully resolved within <90 mins

Completed Part 1 & Part 2 of the open-label Phase 2a study investigating BPL-003 in patients with TRD

BPL-003 | Phase 2a Clinical Trial Design



Study Details:

- Open-label study evaluating a single dose of BPL-003 nasal spray, in patients with moderate-to-severe TRD
- Parts 1 & 3 are in patients not on anti-depressants, Part 2 is in patients who are also taking select SSRIs to explore effects of co-administration
- Psychological support during preparation, dosing and integration

Key Inclusion Criteria:

- Montgomery-Asberg Depression Rating Scale (MADRS) score ≥ 24
- Part 1 & 3: willing and able to discontinue current antidepressants
- Part 2: on current stable dose of antidepressant SSRI therapy

Key Objectives:

Primary Endpoint:

- Safety and tolerability of BPL-003

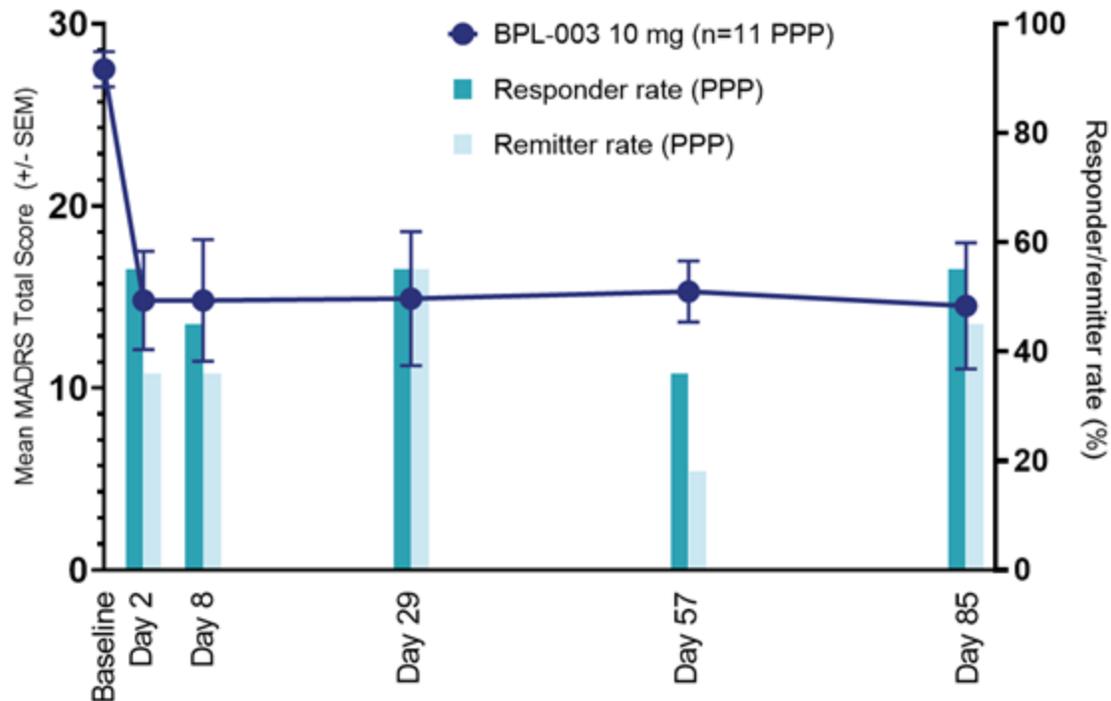
Other Secondary Endpoints:

- MADRS change through Week 12
- Remission and response rates through Week 12

Rapid & durable clinical response and remission induced in over 50% of patients following a single dose of BPL-003 monotherapy

BPL-003 | Phase 2a Part 1 (Monotherapy Cohort) Data

MADRS SCORE OVER TIME BPL-003 10 MG SINGLE DOSE



Interim analysis of the per protocol population (n=11)

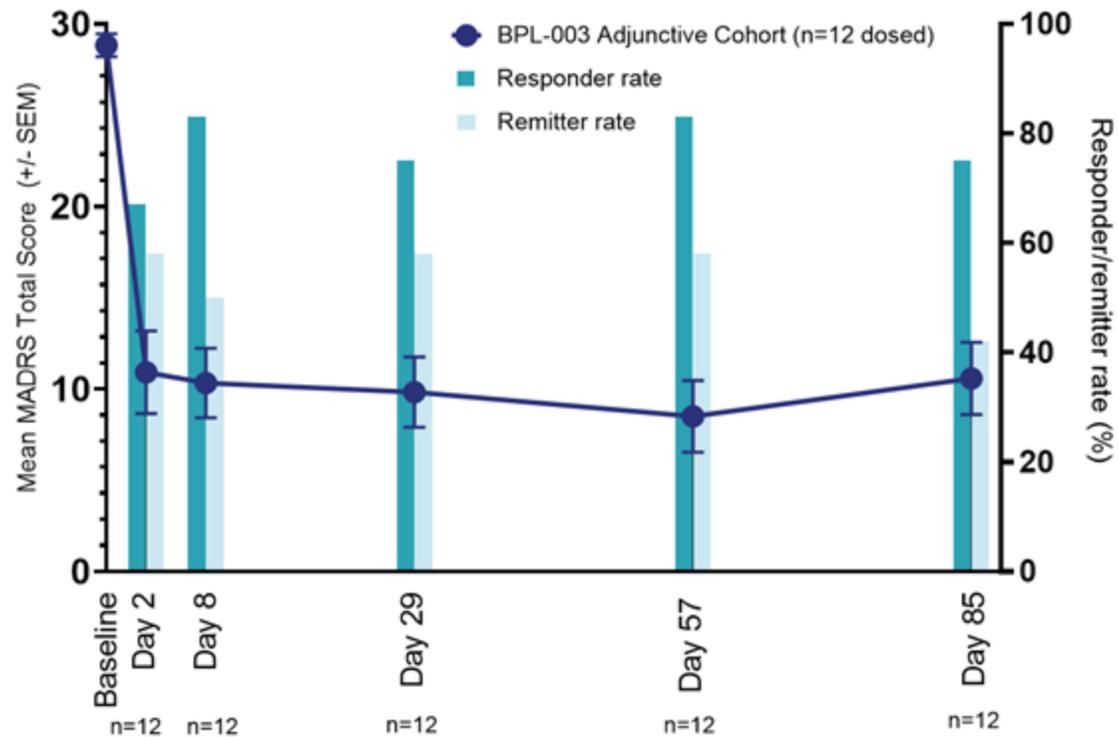
KEY TAKEAWAYS

- Mean MADRS reduction of ~13 points at Day 2, and sustained to Day 85
- 55% of patients met response criteria¹ one day after a single 10mg dose of BPL-003
- 55% of patients met clinical remission criteria² one month after a single dose
- Improvements broadly sustained for 3 months after dosing with 45% of subjects meeting remission criteria at day 85
- Patients were deemed ready for discharge within an average time of less than 2 hours

Initial data from the adjunctive/SSRI cohort is broadly consistent with monotherapy data

BPL-003 | Phase 2a Part 2 (Adjunct to SSRIs) Initial Data

MADRS SCORE OVER TIME BPL-003 SINGLE DOSE (ADJUNCTIVE)



KEY TAKEAWAYS

- Participants with moderate-severe depression having failed 2 prior therapies and on a single SSRI
- Mean MADRS reduction of 19 points at Day 29 with 18-point reduction at Day 85
- No new safety signal identified
- Tolerability profile appears consistent with monotherapy dosing

In Phase 2a, BPL-003 was well-tolerated as monotherapy and adjunctive treatment in TRD patients with transient events and no Serious AEs observed

BPL-003 | Phase 2a Part 1 & 2 Safety

DRUG RELATED TEAES

Drug Related TEAEs	TOTAL ^a N subjects (%) [N events] ^b
Administration site discomfort ^c	10 (41.7%) [14 ^{1#}]
Nausea	5 (20.8%) [5 ^{1#}]
Vomiting	5 (20.8%) [5 ^{5#}]
Other events (<10% frequency)	8 (33.3%) [8 ^{3#, 1*}]
TOTAL	14 (58%) [32]

a. Combined Drug Related TEAEs from Part 1 & 2 (n=24)

b. Events were mild unless labelled. #Moderate events. *Severe event

c. Administration site discomfort includes the preferred terms administration site irritation, administration site pain, administration site discharge, administration site erythema and nasal discomfort

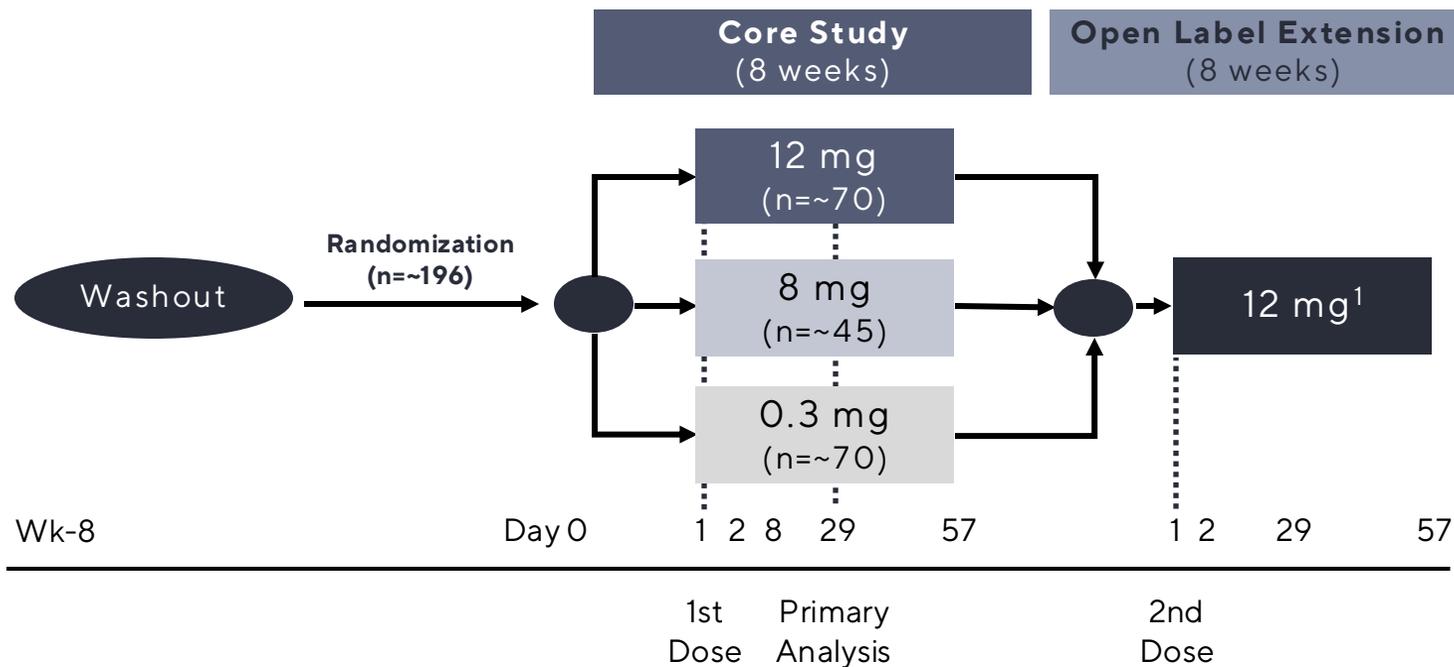
TEAE = Treatment emergent adverse events

KEY TAKEAWAYS

- 97% of events were mild or moderate and there were no Serious Adverse Events (SAEs)
- ~90% of drug-related AEs occurred on the day of dosing, and all were resolved without intervention
- AE profile of BPL-003 in TRD subjects is similar to that seen in healthy volunteers

BPL-003 randomized, quadruple-masked, monotherapy Phase 2b study in moderate to severe TRD patients

BPL-003 | Phase 2b Clinical Trial Design



Key Inclusion Criteria:

- Patients with moderate to severe TRD
- Hamilton Depression Scale (HAM-D) ≥ 19
- Willing and able to discontinue current antidepressants

Key Objectives:

PRIMARY ENDPOINT:

- MADRS change from baseline at Week 4, 12mg vs. 0.3mg

OTHER SECONDARY ENDPOINTS:

- Remission and responder rates
- MADRS change from baseline at Day 2, Week 1 & Week 8
- MADRS change from baseline for 8mg vs 0.3mg

TRIAL STATUS

Enrolment completed
Topline data anticipated mid-2025

Strong IP portfolio with coverage out to 2043

BPL-003 | IP Overview

- **BPL-003 has superior properties that are novel and non-obvious, compared to other salt forms**
 - Higher permeation, less irritation, greater stability, dose-proportional PK
- **These novel and non-obvious properties have enabled us to build strong IP protection around BPL-003**
 - Multiple composition of matter and methods of use (including in depression) patents granted in US, Europe & UK covering mebufotenin benzoate salt and the most stable polymorph thereof (2040/1 expiry)
 - A granted US composition of matter patent covering the formulation of BPL-003 intended for Phase 3 (earliest expiry 2043)
 - Additional patents covering composition of matter, methods of synthesis, methods of use, crystalline forms and formulations pending in US, Europe & RoW
 - Patent Term Extensions and Supplementary Protection Certificates will be sought, where available
- **Regulatory exclusivity provides additional protection**

Summary + Q&A



Together, atai Life Sciences and Beckley Psytech will create impactful psychedelic treatments addressing significant unmet needs in mental health

1

Short treatment time, patent-protected: BPL-003 potential to be a first-in-class mebufotenin benzoate therapy; and VLS-01, potential best-in-class route of administration and tolerability for DMT

2

Near-term catalysts: BPL-003 Phase 2b readout anticipated midyear, additional Phase 2 data readouts anticipated over the next 12 months

3

Simplified & synergistic corporate structure: single public entity fully unlocks value of atai and Beckley Psytech's teams and assets



atai



Beckley



Psytech