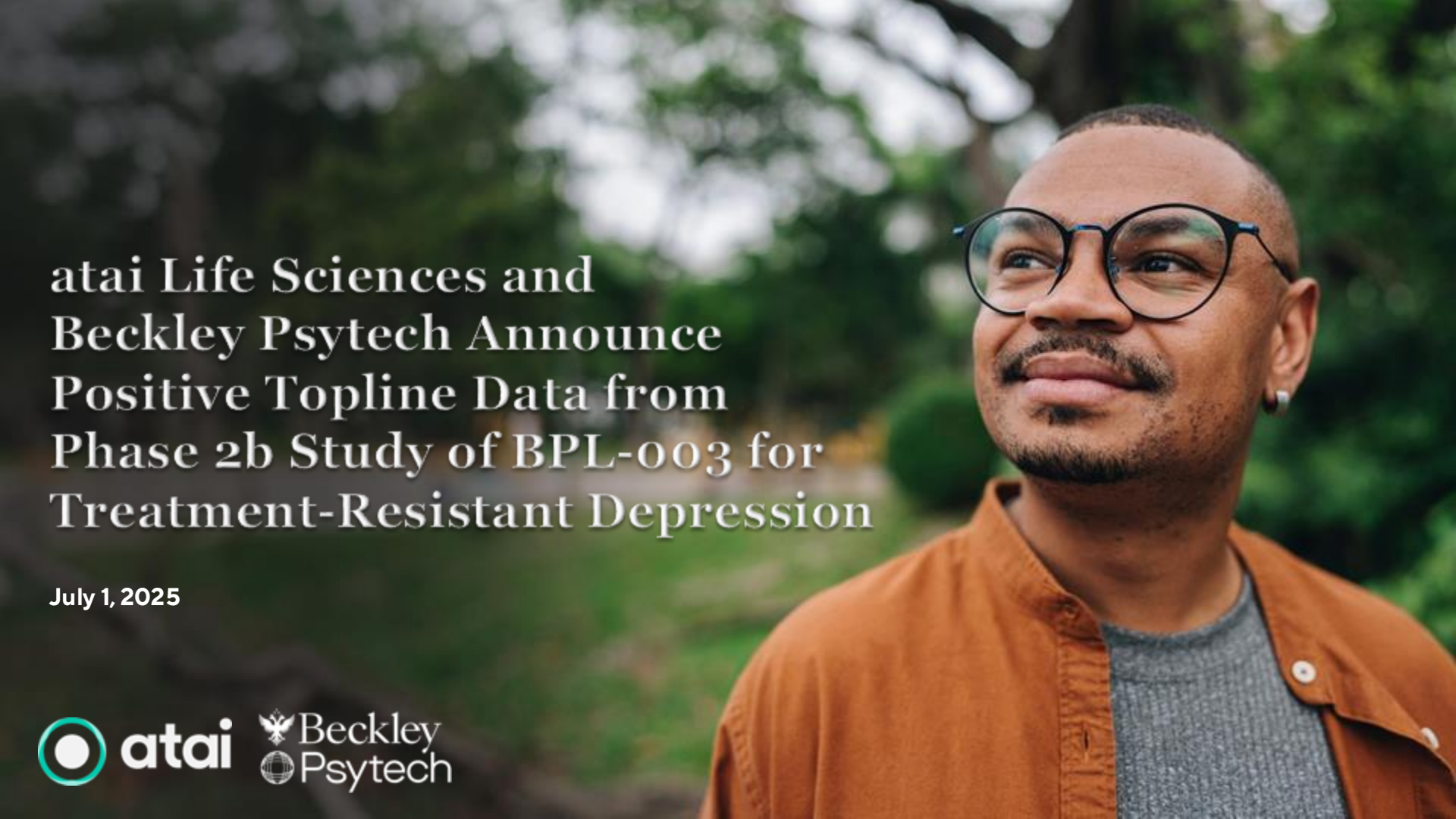
atai Life Sciences and
Beckley Psytech Announce
Positive Topline Data from
Phase 2b Study of BPL-003 for
Treatment-Resistant Depression
July 1, 2025
atai
Beckley
Psytech

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 and Beckley Psytech Limited's ("Beckley Psytech") future results of operations and financial position, industry dynamics, business strategy and plans, anticipated milestones, timelines, and results 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.

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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. The information herein relates to clinical studies by Beckley Psytech, which is an entity in which we hold a minority investment. We do not control Beckley Psytech and have not independently verified the information relating to Beckley Psytech contained herein.

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 Form10-K, available on the SEC's website at www.sec.gov.

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Disclaimer

Additional Information and Where to Find It

This presentation is being made in respect of the proposed transaction between the Company and Beckley Psytech (the "Acquisition"). In connection with the proposed transaction, a registration statement on Form S-4 will be filed (the "Registration Statement") which will include a proxy statement of the Company (the "Proxy Statement"), as well as other relevant documents regarding the Acquisition. This presentation is not a substitute for the Registration Statement, the Proxy Statement or any other document which the Company may file with the Securities and Exchange Commission ("SEC"). INVESTORS ARE URGED TO READ IN THEIR ENTIRETY THE REGISTRATION STATEMENT, INCLUDING THE PROXY STATEMENT REGARDING THE PROPOSED TRANSACTION, WHEN IT BECOMES AVAILABLE AND ANY OTHER RELEVANT DOCUMENTS FILED WITH THE SEC, AS WELL AS ANY AMENDMENTS OR SUPPLEMENTS TO THOSE DOCUMENTS, BECAUSE THEY WILL CONTAIN IMPORTANT INFORMATION.

A free copy of the Registration Statement, including the Proxy Statement, as well as other filings containing information about the Company, when such documents become available, may be obtained at the SEC's website (http://www.sec.gov).

Participants in the Solicitation

The Company and its directors and executive officers may be deemed to be participants in the solicitation of proxies from its shareholders in respect of the proposed transactions contemplated by the Registration Statement, including the Proxy Statement. Information regarding the persons who are, under the rules of the SEC, participants in the solicitation of the shareholders of the Company in connection with the proposed transactions, including a description of their direct or indirect interests, by security holdings or otherwise, will be set forth in the Registration Statement, including the Proxy Statement, when it is filed with the SEC. Information regarding the Company's directors and executive officers is contained in its Annual Report on Form 10-K for the year ended December 31, 2024 and its proxy statement on Schedule 14A, dated April 21, 2025, which are filed with the SEC.

The BPL-003 Phase 2b study met its primary & secondary endpoints demonstrating rapid, robust, and durable antidepressant effects

atai Life Sciences and Beckley Psytech have successfully completed a first-of-its-kind study to evaluate the efficacy and safety of BPL-003 (mebufotenin benzoate) in patients with treatment-resistant depression (TRD) and will move forward with the planned **atai Beckley** strategic combination

BPL-003 8mg and 12mg doses demonstrated statistically significant and clinically meaningful reductions in MADRS scores compared to 0.3mg dose at all timepoints of the study

BPL-003 was generally well-tolerated at all doses, with 99% of treatment-emergent adverse events being mild or moderate, no drug-related serious adverse events or suicide-related safety signals

Phase 2b data supports selection of the 8mg dose and rapid progression into Phase 3 development

BPL-003 is delivered through a single-dose administration model fitting into the 2-hour in-clinic treatment paradigm successfully established by Spravato®

Study Overview

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Depression is a debilitating and life-changing condition affecting millions across the globe but with limited treatment options

URGENT NEED FOR INNOVATION

2nd **Leading cause of disability worldwide[1]**

Depressive disorders was the second highest cause of years lived with disability (YLDs) in 2021 at 56·3 million years, showing an increase of 36.5% since 2010

~27M **Annual prevalent cases of major depressive disorder (MDD) in the U.S.[2]**

Estimated that the U.S. economic burden of adults with MDD was $326.2 billion in 2020[3]

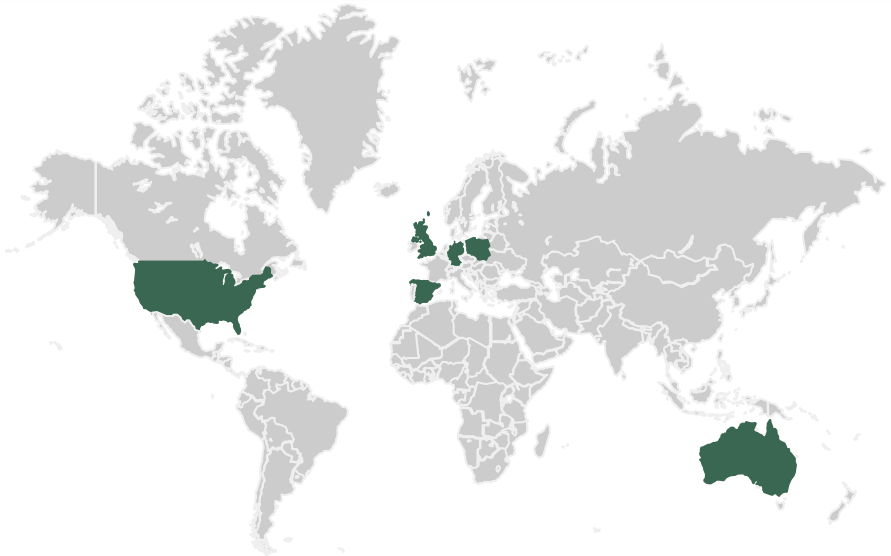
~31% **Of MDD cases are classified as TRD[4]**

Approximately 30% of patients with TRD attempt suicide at least once in their life time[5]

1. Global Burden of Disease 2021: mental health messages, The Lancet Psychiatry, Volume 11, Issue 8, 573
2. GlobalData
3. Greenberg PE, Fournier AA, Sisitsky T, Simes M, Berman R, Koenigsberg SH, Kessler RC. The Economic Burden of Adults with Major Depressive Disorder in the United States (2010 and 2018). Pharmacoeconomics. 2021 Jun
4. Zhdanava M, Pilon D, Ghelerter I, Chow W, Joshi K, Lefebvre P, Sheehan JJ. The Prevalence and National Burden of Treatment-Resistant Depression and Major Depressive Disorder in the United States. J Clin Psychiatry. 2021
5. Bergfeld IO, Mantione M, Figee M, Schuurman PR, Lok A, Denys D. Treatment-resistant depression and suicidality. J Affect Disord. 2018

First-of-its-kind study to evaluate the efficacy and safety of mebufotenin in patients with TRD

BPL-003 PH2B STUDY OVERVIEW



193 patients enrolled across 38 sites in 6 countries

- Largest ever controlled clinical study to investigate mebufotenin
- First and only blinded Phase 2 study of mebufotenin to include the United States
- Designed based on FDA feedback to facilitate progression into Phase 3 studies

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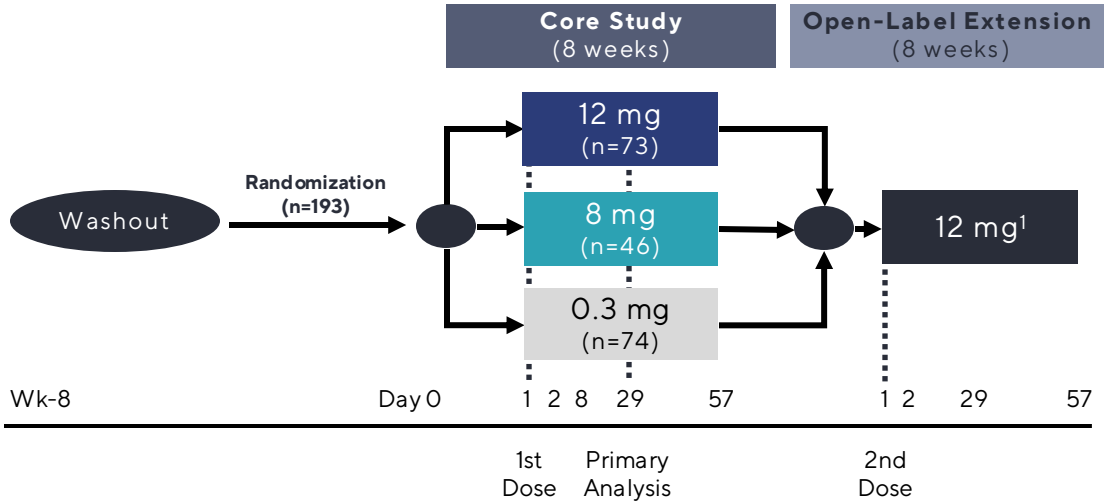
Randomized, quadruple-masked, monotherapy Phase 2b clinical trial of BPL-003 in patients with moderate to severe TRD

BPL-003 | **Phase 2b Clinical Trial Design**



TRIAL STATUS | **Topline data from the Core Study available**
Open-Label Extension still progressing, data anticipated in Q3'25

Key Inclusion Criteria:

- Patients with moderate to severe TRD
- Hamilton Depression Scale (HAM-D) >= 19
- Willing and able to discontinue current antidepressants[2]

Key Objectives:

PRIMARY ENDPOINT:

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

OTHER SECONDARY ENDPOINTS:

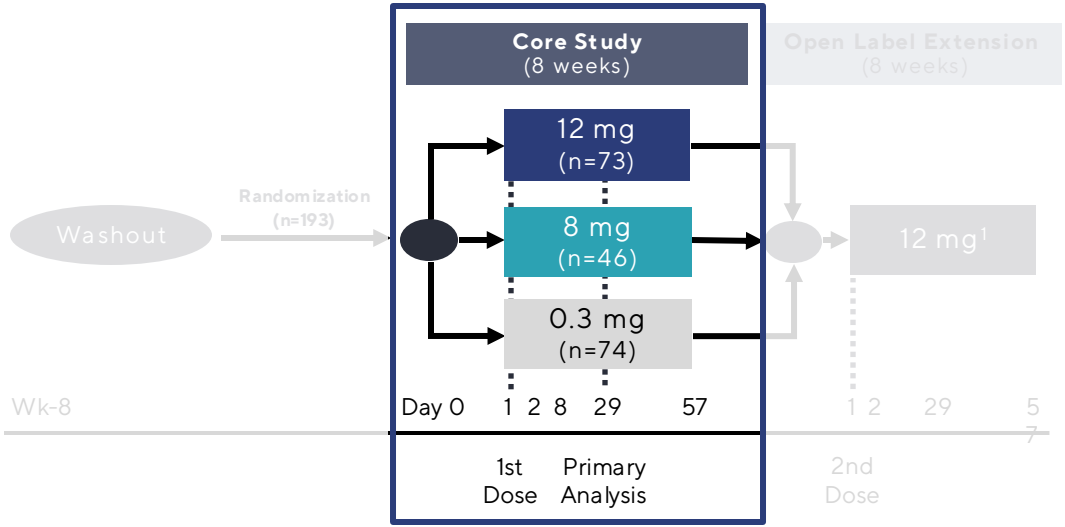
- MADRS change from baseline at Day 2, Week 1 & Week 8
- MADRS change from baseline for 8mg vs 0.3mg at Week 4
- Responder and remission rates

1. Patients entering the open-label extension are randomized to receive either a single 12mg dose or a biphasic 4mg and 8mg dose approximately 10 minutes apart.
2. Patients were washed out as applicable

Abbreviations: MADRS = Montgomery-Åsberg Depression Rating Scale

Core Study designed based on FDA feedback and to specifically avoid potential unblinding and expectancy effects

BPL-003 | **Phase 2b Clinical Trial Design**



- Efficacy assessed at multiple time points by centralized, blinded raters
- 8-week long blinded period to evaluate durability of effect
- Tested 2 active doses vs. low-dose active control (0.3 mg) to reduce expectancy and select optimal Phase 3 dose
- Participants were provided psychological support, but not active psychotherapy

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Topline Findings From Core Study

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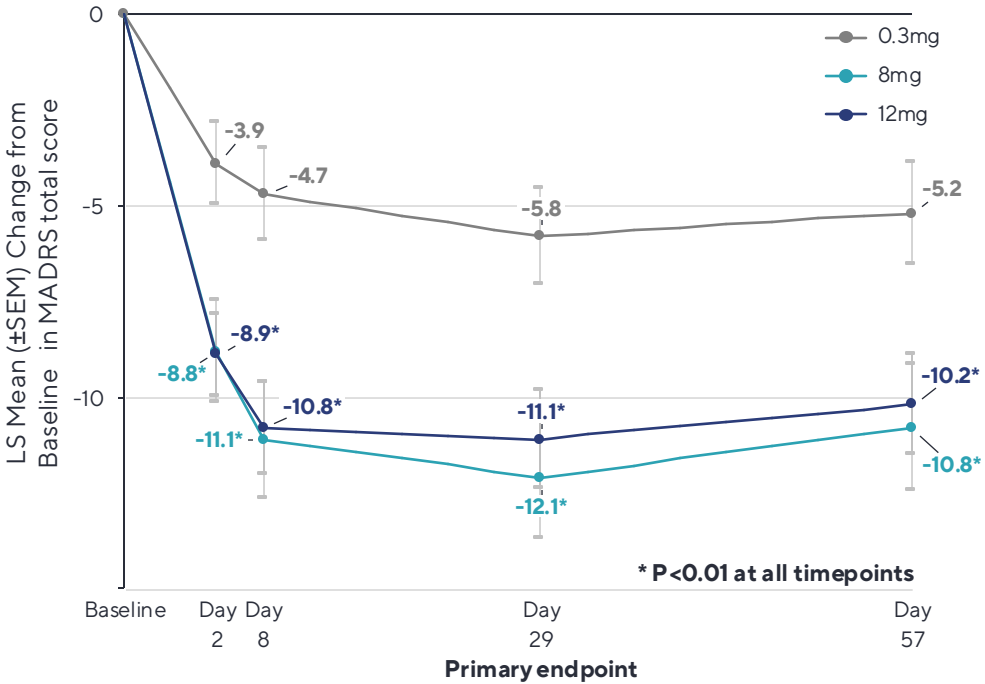
Demographics & baseline characteristics were well-balanced across groups

	BPL-003 0.3 mg (N=74)	BPL-003 8 mg (N=46)	BPL-003 12 mg (N=73)	Overall (N=193)
Patient Disposition				
Age, years, mean (SD)	41.0 (11.2)	40.6 (12.1)	41.2 (10.6)	41.0 (11.1)
Female, n (%)	44 (60%)	27 (59%)	43 (59%)	114 (59%)
Race, White, n (%)	67 (91%)	38 (83%)	66 (90%)	171 (89%)
Completed Core Study, n (%)	64 (87%)	41 (89%)	69 (95%)	174 (90%)
Baseline Disease Characteristics				
HAM-D Total Score, mean (SD)	23.8 (2.9)	23.1 (3.1)	23.7 (3.5)	23.6 (3.2)
MADRS Total Score, mean (SD)	31.7 (5.9)	31.1 (6.6)	32.5 (5.1)	31.8 (5.8)
Baseline Depressive Episode History				
Time since initial diagnosis, months, mean (SD)	159.7 (112.5)	163.6 (134.4)	171 (118.6)	164.9 (119.8)
No. of lifetime episodes, mean (SD)	5.0 (6.0)	4.5 (3.2)	4.3 (3.0)	4.6 (4.5)
Duration of current episode, months, mean (SD)	37.1 (29.0)	30.3 (27.6)	32.8 (40.3)	33.8 (33.4)
No. of failed antidepressant medications in current episode, mean (SD)	2.4 (0.7)	2.3 (0.6)	2.3 (0.7)	2.3 (0.6)
No. of participants on antidepressants prior to screening and washout, n (%)	46 (62%)	31 (67%)	49 (67%)	126 (65%)

Abbreviations: HAM-D = Hamilton Depression Rating Scale; MADRS = Montgomery–Åsberg Depression Rating Scale; SD = standard deviation

Single-dose of BPL-003 met primary endpoint of a statistically significant MADRS reduction at Week 4 vs. 0.3 mg, with effects sustained out to Week 8

BPL-003 | **CHANGE FROM BASELINE IN MADRS TOTAL SCORE - 12MG & 8MG VS. 0.3MG**



- Statistically significant MADRS difference observed at Day 29 following a single 8mg or 12mg dose vs. 0.3mg:

Treatment Arm	MADRS change (Day 29)		P-value
	From baseline	Compared to 0.3mg	
8mg	-12.1	-6.3	0.0025
12mg	-11.1	-5.3	0.0038

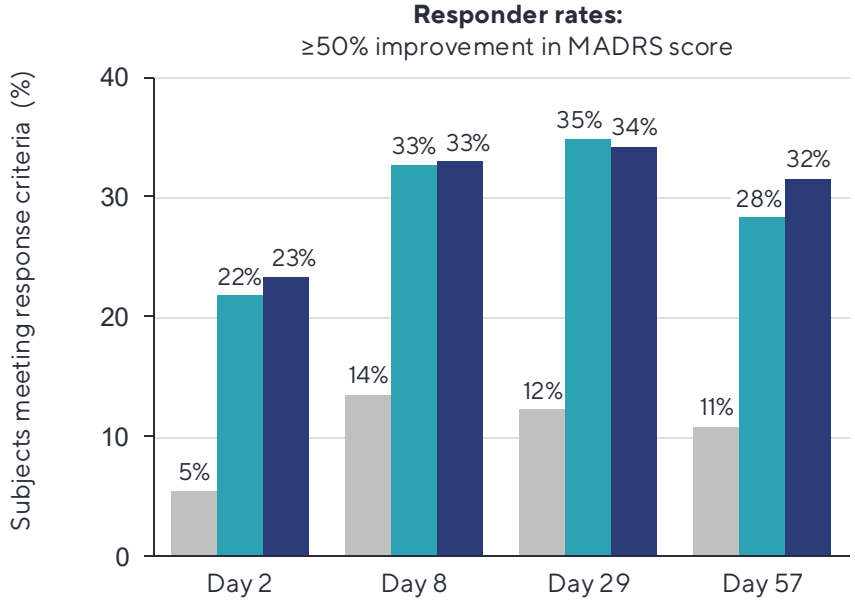
- MADRS reduction was statistically significant as early as Day 2, with durable response through Week 8 (Day 57) for 8mg and 12mg dose vs. 0.3mg

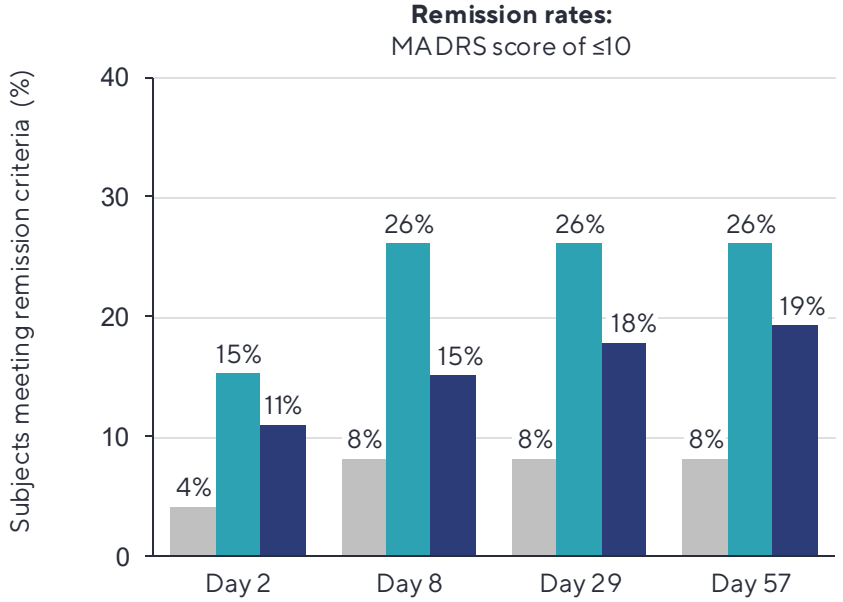
- **8 mg dose demonstrated comparable MADRS reduction to 12mg**, suggesting it may be sufficient to achieve maximal therapeutic benefit

Abbreviations: MADRS = Montgomery–Åsberg Depression Rating Scale; SEM = Standard Error Means

BPL-003 produced rapid & lasting clinical response in >30% of patients, with 26% remaining in remission out to Week 8 after a single 8mg dose

BPL-003 | **RESPONDER & REMISSION RATES FOR SINGLE DOSE BPL-003**





KEY: 0.3mg (N=74) | 8mg (N=46) | 12mg (N=73)

BPL-003 was generally well-tolerated, adverse events were transient, with no drug related serious adverse events recorded during the Core Study

BPL-003 | **TREATMENT EMERGENT ADVERSE EVENTS (TEAEs)**

	0.3 mg (N=74)	8 mg (N=46)	12 mg (N=73)	Overall (N=193)
TEAEs	**N participants (%)**			
Any TEAE	54 (73%)	35 (76%)	62 (85%)	151 (78%)
Any Drug Related TEAE	25 (34%)	32 (70%)	60 (82%)	117 (61%)
Any Drug Related Serious TEAE	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Most Reported Drug Related TEAEs (≥10% of subjects)				
Administration site pain/discomfort	7 (10%)	13 (28%)	28 (38%)	48 (25%)
Nausea	1 (1%)	13 (28%)	27 (37%)	41 (21%)
Headache	7 (10%)	9 (20%)	20 (27%)	36 (19%)
Blood pressure increased[1]	1 (1%)	6 (13%)	15 (21%)	22 (11%)
Anxiety	2 (3%)	2 (4%)	10 (14%)	14 (7%)
Vomiting	0 (0%)	6 (13%)	9 (12%)	15 (8%)

- >99% of TEAEs were mild or moderate with no drug related Serious Adverse Events (SAEs)
- Dose related increases in TEAEs suggest the 8mg dose was better tolerated than the 12mg dose
- Majority of TEAEs occurred on the day of dosing
- Blood pressure and heart rate increases were transient with mean levels returning to baseline within ~1 hour
- Majority of patients were deemed ready for discharge at the 90-minute post-dose assessment

1. Includes the preferred terms: Blood pressure increased, Blood pressure diastolic increased, and Blood pressure systolic increased

No suicide-related safety signal

BPL-003 | **SUICIDALITY TEAEs**

	0.3 mg (N=74)	8 mg (N=46)	12 mg (N=73)	Overall (N=193)
Drug related suicidality TEAEs	**N participants (%)**			
Suicidal Ideation	3 (4%)	1 (2%)	2 (3%)	6 (3%)
Suicidal Intent	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Suicidal Behaviour	0 (0%)	0 (0%)	0 (0%)	0 (0%)

- Low rates of treatment emergent suicidal ideation
- Suicidal ideation was not dose dependent, highest rate at 0.3 mg potentially reflective of background disease state
- No drug related events of suicidal intent or behaviours in active treatment arms

High completion rate of Core Study, rollover rate into the open-label extension (OLE) study suggest strong levels of patient acceptability

90%

of participants in Core Study completed the study

85%

of eligible participants in Core Study rolled over onto OLE study screening

Note: Eligibility for the OLE study required completion of the Core Study and regulatory & ethical approval of the OLE protocol at the participant's site. 134 out of 174 total completers were at sites with OLE protocol approval. 114 out 134 eligible completers entered OLE screening and 107 received a BPL-003 dose

Key achievements and upcoming catalysts for BPL-003

What BPL-003 has demonstrated so far:

- ✓ Rapid, robust, and durable therapeutic benefit for at least 2 months
- ✓ Favorable safety & tolerability profile
- ✓ POC data in adjunctive patients show similar tolerability and efficacy results
- ✓ 2-hour in-clinic treatment time, fitting into Spravato® treatment paradigm
- ✓ **Phase 3 ready asset with 8mg dose**

Anticipated key catalysts in Q3'2025:

- ❑ Topline data from 8-week Phase 2b OLE study investigating safety, efficacy and durability after a 2nd dose
- ❑ Topline data from Phase 2a open-label cohort investigating a 2-dose induction model (n=12)
- ❑ Submit FDA End-of-Phase 2 meeting request

Abbreviations: OLE = Open Label Extension; CMC = Chemistry, Manufacturing & Controls; POC = Proof-of-Concept

BPL-003 Opportunity & Competitor Landscape

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Spravato® (esketamine) achieved blockbuster status with 2-hour interventional psychiatry treatment paradigm

SPRAVATO® interventional psychiatry treatment paradigm

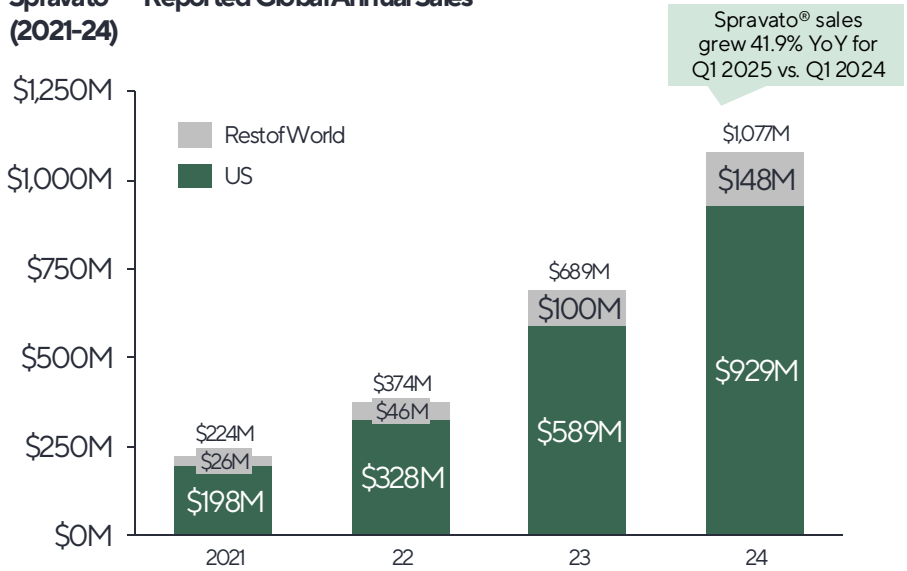
2-hour dosing protocol with established infrastructure

- Patients monitored for at least 2 hours at each treatment session
- Delivered intranasally under the supervision of a healthcare provider
- >5,000 certified clinics[1]
- ~40-50K US patients treated in 2024[2]

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 Sales[3] (2021-24)

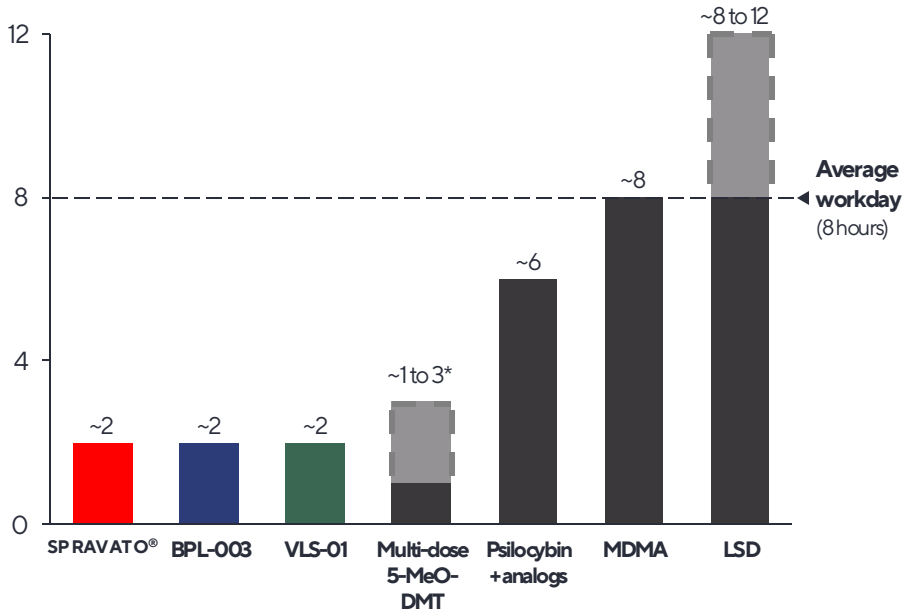


JNJ now highlights SPRAVATO® as a "key franchise" guiding $3 billion to $3.5 billion in annual sales by 2028

1. https://www.spravato.com/spravato-available-treatment-centers/
2. Based on global annual sales and gross to net pricing assumptions
3. Johnson&Johnson Q4 and Full-Year 2024 Results: https://www.investor.jnj.com/news/news-details/2025/Johnson--Johnson-Reports-Q4-and-Full-Year-2024-Results/default.aspx

BPL-003 is uniquely designed to leverage Spravato® 2-hour in-clinic treatment paradigm

ANTICIPATED TIME TO DISCHARGE FROM CLINIC POST-DOSE[1]
(in hours) *Illustrative*



KEY TAKEAWAYS SUPPORTING COMMERCIAL POTENTIAL

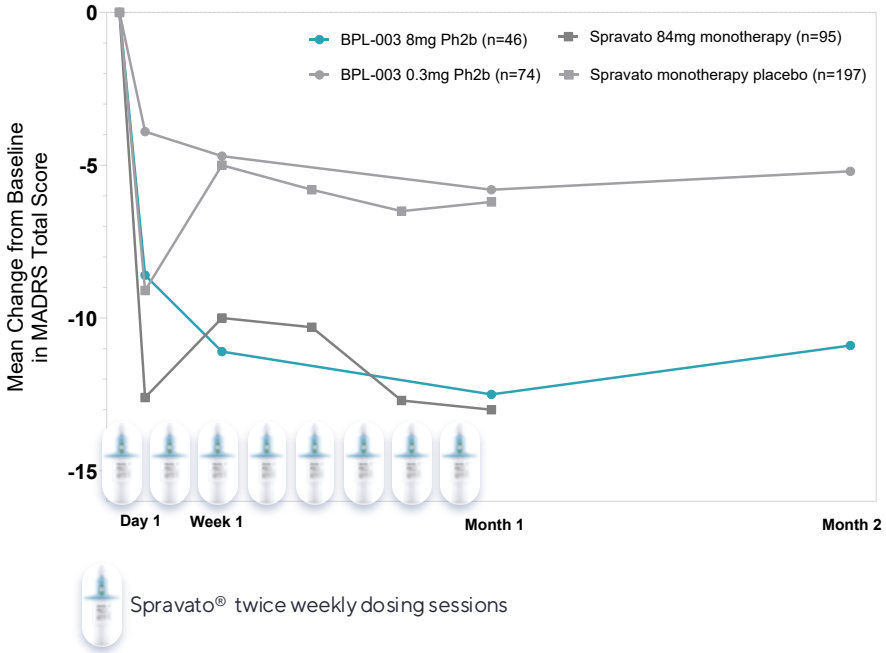
- **Predictable 2-hour treatment:** the potential to fit into the 2-hour in-clinic treatment paradigm established by Spravato®
- **Potential extended durability:** 1-2 doses of a psychedelic therapy provides a sustained effect, simplifying the dosing schedule compared to Spravato® (once weekly or biweekly)
- **Scalability limits of other psychedelics:** longer duration psychedelics like psilocybin, or multi-dose models, require extended clinic time and therapist involvement,
- **Potential to significantly improve use of infrastructure**: lower dosing frequency compared to Spravato®, and avoiding full day occupancy requirements of other psychedelics, could lower provider burden and improve payer receptivity

atai

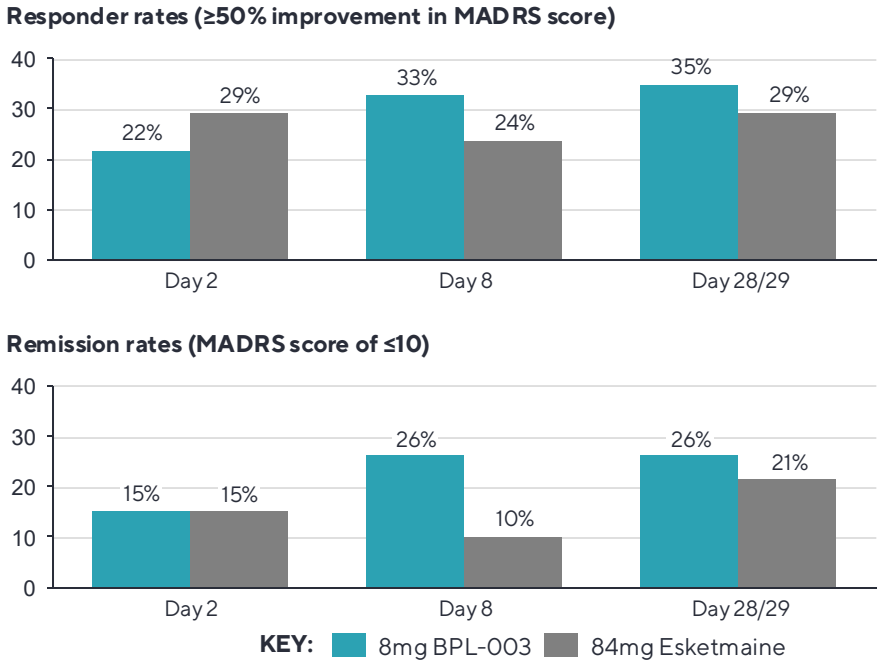
1. Subject to further validation through future clinical studies and real-world evidence
2. www.spravatohcp.com/#find-a-center
* If multi-dose required

Single-dose of BPL-003 demonstrated comparable MADRS response to published results from a twice-weekly Spravato® monotherapy dosing regimen

CHANGE IN MADRS FOLLOWING SINGLE DOSE OF BPL-003 VS TWICE WEEKLY DOSING SPRAVATO® MONOTHERAPY[1]



RESPONDER & REMISSION RATES FOLLOWING SINGLE DOSE OF BPL-003 VS TWICE WEEKLY DOSING SPRAVATO® MONOTHERAPY[1]



1. Janik et al, 2024, Efficacy and Safety of Esketamine Nasal Spray as Monotherapy in Adults with Treatment-Resistant Depression: A Randomized, Double-Blind, Placebo-Controlled Study. No head-to-head trial has been conducted. Data from studies of these clinical candidates may not be directly comparable due to differences in molecule composition, trial protocols, dosing regimens, and patient populations and characteristics.
Abbreviations: MADRS = Montgomery–Åsberg Depression Rating Scale

BPL-003 offers potential advantages over Spravato® with longer duration of effect and reduced patient burden driven by fewer required dosing sessions

	Established Medical Device	Delivered in Interventional Psychiatry Setting	Pre-Dose Education & Counselling	2-Hour Treatment Time to Discharge	1 or 2 Dose Induction Regimen*	2 Months of Blinded Durability Data from a Single-Dose
BPL-003 *(mebufotenin benzoate) Intranasal dry powder*		✓	✓	✓	✓	✓
Spravato® (esketamine) CIII 28 mg nasal spray		✓	✓	✓	X *Induction of biweekly dosing for 4 weeks*	X *Dosed every 1-2 weeks*

*For illustrative purposes only. No head-to-head studies have been conducted evaluating BPL-003 to esketamine. SPRAVATO is administered twice a week during weeks 1-4 in the induction phase, followed by maintenance treatment once weekly during weeks 5-8

Next Steps

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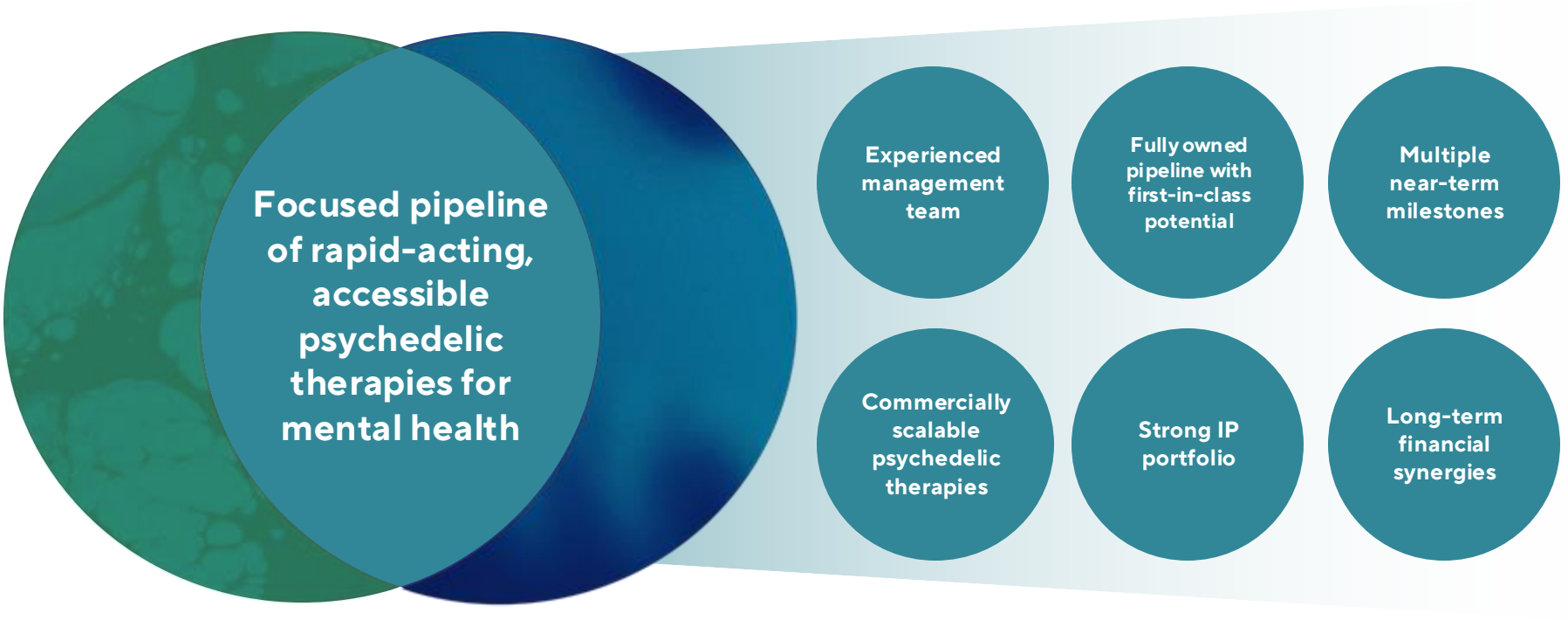
Stronger together, atai life sciences and Beckley Psytech unlock value for patients and shareholders



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)

- 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

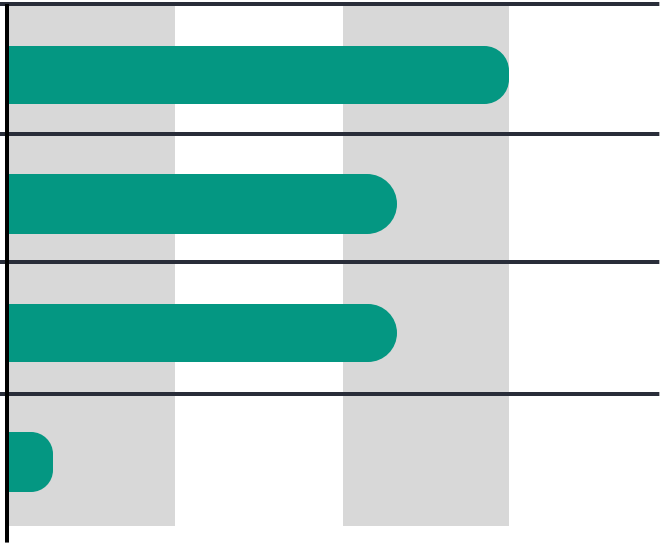
- atai's Board recommendation is subject to the following BPL-003 Phase 2b success criteria:
  - Statistical significance achieved on the primary endpoint (MADRS) of the Phase 2b study of BPL-003 with a $p<0.05$
  - Less than 3 individual cases of drug related serious adverse events observed in the 8mg 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 approved 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-003[1]

1. Lock-up holders may not sell or transfer shares before the later of (a) 60 days following the public announcement of the Phase 2b study or (b) transaction closing (the "Lock-Up Period"). Upon the expiry of the Lock-Up Period lock-up holders shall cease to be restricted at a rate of 1/12th of each lock-up holders' securities per month. Refer to the stock purchase agreement for additional details.

Combined vision is being delivered through a pipeline of fully-owned psychedelic development programs for mental health indications

Programs	Primary Indication	Preclin	Phase 1	Phase 2	Phase 3
Post-combination Fully-Owned Programs					
BPL-003 *Mebufotenin (5-MeO-DMT) benzoate*	Treatment Resistant Depression (TRD)				
VLS-01 *DMT*	TRD				
EMP-01 *R-MDMA*	Social Anxiety Disorder (SAD)				
Novel 5-HT2A Receptor Agonists (inc. non-hallucinogenic neuroplastogens)	Undisclosed				



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Abbreviations: DMT = Dimethyltryptamine; R-MDMA = R enantiomer of 3,4-Methylenedioxymethamphetamine

The BPL-003 Phase 2b study met its primary & secondary endpoints demonstrating rapid, robust, and durable antidepressant effects

- BPL-003 8mg and 12mg doses demonstrated statistically significant and clinically meaningful reductions in MADRS scores compared to 0.3mg dose at all timepoints of the study
- BPL-003 was generally well-tolerated at all doses, with 99% of treatment-emergent adverse events being mild or moderate, no drug-related serious adverse events or suicide-related safety signals
- Phase 2b data supports selection of the 8mg dose and rapid progression into Phase 3 development
- BPL-003 is delivered through a single-dose administration model fitting into the 2-hour in-clinic treatment paradigm successfully established by Spravato®
- Strong IP portfolio with issued US patents out to 2043

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Q&A

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