

**Report of Organizational Actions
 Affecting Basis of Securities**

▶ See separate instructions.

Part I Reporting Issuer

1 Issuer's name DFA CANADIAN VECTOR EQUITY FUND		2 Issuer's employer identification number (EIN) N/A	
3 Name of contact for additional information BRAD STEIMAN	4 Telephone No. of contact 604-685-1633	5 Email address of contact BRAD.STEIMAN@DIMENSIONAL.COM	
6 Number and street (or P.O. box if mail is not delivered to street address) of contact 1500 W. GEORGIA STREET, SUITE 1520		7 City, town, or post office, state, and Zip code of contact VANCOUVER, BC, V6G 2Z6	
8 Date of action SEE BELOW	9 Classification and description PAID A "RETURN OF CAPITAL" DISTRIBUTION		
10 CUSIP number N/A	11 Serial number(s) N/A	12 Ticker symbol N/A	13 Account number(s) N/A

Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.

14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ▶

RETURN OF CAPITAL AS PART OF DISTRIBUTION THAT OCCURRED ON DECEMBER 21, 2015

15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ▶

THE ADJUSTMENT TO A UNIT HOLDER'S COST BASIS IS AS FOLLOWS:

CLASS A: \$0.08641 PER UNIT

CLASS F: \$0.16787 PER UNIT

CLASS I: \$0.21003 PER UNIT

16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ▶

N/A

Part II Organizational Action (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶

IRC SECTIONS 301(C)(2), 312 AND 316

18 Can any resulting loss be recognized? ▶

N/A

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶

N/A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature ▶ *Gregory R. Hinkle*

Date ▶ 4/5/2016

Print your name ▶ Gregory R. Hinkle

Title ▶ VP's Controller

Paid Preparer Use Only

Print/Type preparer's name RADHIKA PATEL	Preparer's signature <i>Radhika Patel</i>	Date 03/31/16	Check <input type="checkbox"/> if self-employed	PTIN P01442465
Firm's name ▶ ERNST & YOUNG LLP			Firm's EIN ▶ 98-0092343	
Firm's address ▶ P.O. BOX 251, TD CENTRE, TORONTO, ONTARIO, CANADA, M5K 1J7			Phone no. 416-864-1234	

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054