

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

▶ See separate instructions.

**Part I Reporting Issuer**

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

**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 F: \$0.12720 PER UNIT**

**CLASS I: \$0.15834 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**

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18 Can any resulting loss be recognized? ► \_\_\_\_\_  
**N/A**

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19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ► \_\_\_\_\_  
**N/A**

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**Sign Here** 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.

Signature ► *[Handwritten Signature]* Date ► *4/5/2016*  
Print your name ► *Gregory K. Hinkle* Title ► *VP's Controller*

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