

# Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

### Part I Reporting Issuer

1 Issuer's name <b>DFA GLOBAL 70EQ-30FI PORTFOLIO</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>745 THURLOW STREET, SUITE 2110</b>		7 City, town, or post office, state, and Zip code of contact <b>VANCOUVER, BC, V6E 0C5</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 20, 2016**

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: \$0.07534 PER UNIT**  
**CLASS F: \$0.16015 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 ▶ 

Date ▶ 03/31/2017

Print your name ▶ Gregory K. Hinkle

Title ▶ VP & CFO

**Paid Preparer Use Only**

Print/Type preparer's name <b>RADHIKA PATEL</b>	Preparer's signature <i>Radhika Patel</i>	Date 03/31/2017	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>	