

Report of Organizational Actions Affecting Basis of Securities

▶ See separate instructions.

Part I Reporting Issuer

1 Issuer's name		2 Issuer's employer identification number (EIN)	
DFA Global 40EQ-60FI Portfolio		N/A	
3 Name of contact for additional information	4 Telephone No. of contact	5 Email address of contact	
BRAD STEIMAN	604-685-1633	BRAD.STEIMAN@DIMENSIONAL.COM	
6 Number and street (or P.O. box if mail is not delivered to street address) of contact		7 City, town, or post office, state, and ZIP code of contact	
745 THURLOW STREET, SUITE 2110		VANCOUVER, BC, V6E 0C5	
8 Date of action		9 Classification and description	
SEE BELOW		PAID A "RETURN OF CAPITAL" DISTRIBUTION	
10 CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)
N/A	N/A	N/A	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 19, 2025

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 REDUCTION OF A UNIT HOLDER'S COST BASIS IS AS FOLLOWS:

CLASS A: \$0.17252 PER UNIT

CLASS F: \$0.24098 PER UNIT

CLASS I: \$0.18421 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)

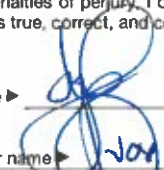
17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ►
IRC SECTIONS 301(C)(2), 312 AND 316

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

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 ►  Date ► **3/25/2026**

Print your name ► **JOY LOPEZ** Title ► **VICE PRESIDENT**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	ROBERT MICHAEL TEPER		3/23/2026		P01431521
	Firm's name ► ERNST & YOUNG LLP	Firm's address ► 100 Adelaide Street West, PO Box 1, Toronto, Ontario M5H 0B3, Canada		Firm's EIN ► 98-0092343	Phone no. 416-864-1234

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