

Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-0123

► See separate instructions.

Part I Reporting Issuer

1 Issuer's name DFA U.S. 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 745 THURLOW STREET, SUITE 2110		7 City, town, or post office, state, and ZIP code of contact VANCOUVER, BC, V6E 0C5	
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 19, 2024

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 AH: \$0.01207 PER UNIT
CLASS FH: \$0.28386 PER UNIT
CLASS IH: \$0.29653 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 ►

Print your name ► **JOY LOPEZ**Title ► **VICE PRESIDENT****Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date

3/26/2025Check ☐ if
self-employed

PTIN

P01431521**ROBERT MICHAEL TEPER**Firm's name ► **ERNST & YOUNG LLP**Firm's EIN ► **98-0092343**Firm's address ► **100 Adelaide Street West, PO Box 1, Toronto, Ontario M5H 0B3, Canada**Phone no. **416-864-1234**

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